#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

					( K		66	37	
Date of Notification (1) April 29, 201:	5	Name of Building		ment Leasing Spe		<i>j</i> i	1.,		
	ation al Notification ended Notification	Street Address			115 FIAY -4 A				
[x] DOL Ame	endment# rgency (including	City, State, Zip Co	ode Toms	River, NJ 08753	& LICENS	ari AG	W.		
I DCA	fication) cellation	Name of Contact Lou S	Santora		Telephone Number				
	FA	CILITY INFORMA	ATION						
Name of Facility Where Abatement is Takin Residence	g Place (3)			Type of Facility (4	School (k-12) Subchapter 8 (of	har the	n ls 12		
Street Address 17 Cove Road				[x]	Other (i.e., priva buildings, home	te & c			
City	County (6)	County Code (7) (STATE USE ONI	LY)	Square feet 1123 sf	# of Floors		g. Age	69	
Toms River	Ocean			Current Use (Prior Reside	if being demolished	)			
Name of Monitoring Firm Hired by Building N/A	g Owner (8)	ASCM No.	Name of	f Abatement Contract		Inc			
Street Address			Street A	ddress	Route 9, Unit 61				
City, State, Zip Code			City, Sta	ate, Zip Code	River, New Jers	200	755-1	271	
Project Manager for Monitoring Firm	Telephone Nur	nber		ne Number 19-9932	License N 00624			2/1	
Scheduled Start Date (10) 04/30/2015	05/04/2015	npletion Date (11)	Name of	f OSHA Monitor E.M.S	S.L. Analytical				
	c only one) ed During Entire Period o l Outside of Normal Facil		Street A		Stelton Road				
Other – Describe			City, Sta		away, New Jerse	y 08	354		
Scope of Work (Check all that apply)]	Δ			[ ] Full Conta [ ] Mini-Enclo	inment with Negativ	e Press	ure		
[ ]_≥3 sf or ≥3 lf [X]≥160 sf or ≥260 lf		novation emolition		[ ] Glovebag		iable I	rocedu	ге	
			198 /81 /97/	62/8		Aba	tement	Туре	
Location of	Is Location Normally used	As	Description bestos-Con		Amount	R E	R E	E N	E N
Asbestos-Containing Material (ACM)	Solely by		Material (A		(Specify SF	M	P	C	C
TO BE ABATED in facility	Maintenance/Custo		e., thermal sulation, su		or LF)	0	A	A P	L
(13)	(12)	IIIS	VAT, o			V	R	S	S
			ner miscell			A		U L	U
	YES NO N	/A				L		E	R E
Exterior	X	Asbestos sidii	ng		1900sf	X			Т
Name of Registered Waste Hauler	NJDEP Waste Ha		ards of Was		tered Landfill				
Guardian Contracting, Inc. City, State Toms River, New Jersey	D	3 4 isposal Date 5/05/2015	City, St	ate own, Pennsylvani	ia				
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature Signature	Tully	- /	la	Date 4/29	9/15		
	1	/ 4	-/-				20.755		

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Data of Natification (1)			Ni CD-lidi	010		Cla	- 2	66	5/	
Date of Notification (1) April 29, 201	5		Name of Building		Demolition	4				
	ation al Notification ended Notification		Street Address		Camplain Road	-4 A: 1:2	2			
[x] DOL Ame	endment # ergency (including		City, State, Zip Co.		orough, NJ 0884	4.18.180	1.			
I I DCA	fication) cellation		Name of Contact Anton	io. Dimuz	zio	Telephone Number				
		FACIL	ITY INFORMA	TION	· · · · · · · · · · · · · · · · · · ·					
Name of Facility Where Abatement is Takin residence	ng Place (3)				Type of Facility (	School (k-12) Subchapter 8 (or	her the	n k-12	,	
Street Address 11 Columba St			7.		[x]	Other (i.e., priva	te & c			
City	County (6)		County Code (7) (STATE USE ONL	Y)	Square feet 2000 sf	# of Floors 2		g. Age	59	
Morristown	Morris				Current Use (Prio Resid	r if being demolished	1)			
Name of Monitoring Firm Hired by Buildin Guardian Contrac			ASCM No.	Name of	Abatement Contract	ASSESSED TO THE RESIDENCE OF THE PERSON OF T	Inc.			
Street Address				Street Ac	ddress					
1889 Route 9, Ur	nit 61			City State		Route 9, Unit 61				71
City, State, Zip Code Toms River, NJ (	8755-1271			City, Sta	te, Zip Code Toms	River, New Jers	ev 08	755-1	271	
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone N 732-349-9			Telephor 732-34	ne Number	License N 00624	_		2/1	
Scheduled Start Date (10) - 04/30/2015	Scheduled C 05/01/20		on Date (11)	Name of	OSHA Monitor E.M.S	S.L. Analytical				
	k only one) ted During Entire Period I Outside of Normal Fa			Street Ad	te, Zip Code	Stelton Road	ey 08	354		
Scope of Work (Check all that apply)]					[ ] Full Conta	inment with Negativ	e Press	ure		
F 7 + 2 - 6 - + 2   6	r 1 -				[ ] Mini-Encl					
[x] $\geq$ 3 sf or $\geq$ 3 lf [] $\geq$ 160 sf or $\geq$ 260 lf		Renovation Demoli			[ ] Glovebag [x ] Non-Exer	Procedure npted (*) and Non-Fr	iable F	rocedu	re	
							Aba	tement	Туре	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)	Is Location Normally use Solely by Maintenance/Cus Staff (12) YES NO	ed	Ash N (i.e. inst	Description Destros-Con Material (A , thermal s ulation, sur VAT, o er miscella	ntaining CM) systems rfacing, r	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L F	E N C L O S U R
Interior/ basement	X		Pipe insulation	1		65 lf	X		E	E
					7357					
										-
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste	223	1	rds of Wast	T.R.R.F.	tered Landfill				
City, State Toms River, New Jersey		Disposa 05/04/		City, Sta Tullyto	<sub>ite</sub> own, Penns¶lvan	ia				
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager		Signature	ìU	of the	0	Date 4/29	9/15		
	*Do not use this	form for	r ashestas licensu	ro oromnto	ed activities					

State of New Jersey Emerbeiral-REQUEST NOTIFICATION OF ASSESTOS ABATEMENT FOR WAVER OF 10 DAY NOTKE (Pursuant to MIAC 8:60 and 12-130) Chaobi APPROVED Date of Holliscotion (1) GRAY 4-28-15 Health & Senitur Services Street Address Type Notification Agency Hoffied 423 HUNTER AYENCE Time: 1:28 / Co Indition Q EPA City, State, Zip Code Li Amended SCOTCH PLANS O DEP Apparationant # Tolephone, Number i Chappany (helving Name of Contact incliferation) PAGRAY IL 1 Capablelion DOCA FACILITY INFORMATION Type of Facility (4) Name of Feelily Whose Absterness is Taking Place (3) III School (K-12) DO GRAY Subdisplay & (Other than 14-12) a Other (i.e. private & commercial buildings. 423 HUNTER AVENUE houses, etc.) Eldg. Ago Square Feet d of Floots 1000 RRYRS CRY (5) 2 2200 ... SCOTCH PLANUS Current Use (Prior if being dempissived) County Code (7) (STATE USE Chieffy (6) RUSIDEAUCE CHLY UNION Name of Abstornest Contractor (9) States of Manhoting Piter Head by Building Owner ABOM No. Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Cade City, Stone, Zip Code Hackensack, N.J. 07601 Telephone No. Project Monager for Municipal Filts 00388 201-329-7444 Newton of CISHA Monton Scheduled Completion Date (11) Start Doto (10) Omega Environmental 4-30-15 4-29-15 Street Address Occupancy Status During Abstetonat (Check only one) 280 Huyler St D Facility Control Named During Entire Period of Absternant City, State, Zip Gode G Ababaniant Pastianned Cubside of Mornad Facility Rooms in Gifter - Dominion 8 from 5 FVM S. Hackensack ,N.J. 07606 Scope of Work (Check skilled stoply) A Poli Contribution Magazine President Renovation' O Mani-Enclosure DESMOCESE Demoision Clovebug Procedure m≥ 160 sf or ≥ 260 ff ☐ Mor-Ecompted (\*) and Mar-Philiple Proceed Aberimonet Type Is Location Normally. Used Solely by Description of , Location of Encopauto de la contra del contra de la contra del la contra de la contra del la contr Amount Actions Carifolising Mutation (ACM) n-Contribing Material (ACI) Removal Market Street 神の (Specify S.O. DECTION STORME STORES TO SE ABATED surfacion, VAT. or FACEL . Sing? office proposition of the control of 613) (12) No NA SE 600 VAT DX. BASEMAUT Kame of Registered Landin MIDEP Whom House Cubic Yards of Mamo of Registered Visite House **Vibrate** Minerva Enterprises , LLC ID No. Best Removal Inc 1/2 405 17109 City, State Disposal Date Cay, State 4-30-15 44688 Oh Waynesburg, Hackensack , N.J. 07601 . Signature Tible Goronisted by 4-28-15 R. Velleran Estimator R-VELDRAN " Do not use this term for debector florenties compand activities.

Date of Noticelian (1)	1001	190		Rham	or of Residen Character	Partitudence Philips	4 F ( )			
4-24-1	DAY NOTICE   Parameter to MARC 5:50 and 12:12:20									
Agency Notified	MOTIFICATION OF ASPESTION ARE ATTEMENT  DAY NOTICE PRESSURE to MAJAC 2500 and 12-1200  INDED 12-		4							
DEPA	Till Beddied					O MILETIN	15			İ
	☐ Antonocied			CON	State, Zip Code	· not we				-
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				FA	CILITY HIPOPMATICS					
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Street Address	1208 4 17	ICD IL	06	SU	PPLY					į
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City, Street, Zip Code	NOTIFICATION OF ASSESTED ARACTEMENT  PRISIDENT NAME OF PRINCIPAL OF MAJOR 250 and 12-1239  Notification (1)  1									
	NOTIFICATION OF ASSESTION ARAD CRISTORY AND TRAINERS OF PRINTING P									
Project Manager for Mil	NOTIFICATION OF ASSESTED ARATEMENT    DAY NOTICE   PRESENTED IN MARC 250 and 125/289    Section (1)									
Shart Date (10)	I Sudania			محين بدياست	201-3		.	00388	ļ.	1
4-28-20	15 41.	フ. <del>ウ</del>	- 11. /	2/6		Control of the Contro				
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TOREA	BATED	14:	No Person	terral	Actionisms Continued	A Marinest (ACM)	1,"	Amount	1	
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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 9:60 and 12:120)

CHECK # 873)-

Date of Notification (1)	- T. F 1			1127022-2120 21503									
	4/28/15		Ç.,	→ Name	of Building Owne	r/Operato	r(2)		APPROVE	lm.			باورد تفعلت
Agencies Notified	Type Notificat	ion		Circa	HEIDI BL	AUV.	ELT	LDent.	of Health & S	aniae i	t over		
□ EPA					t Address 355 BOUL	F +		Hou	C. H	544	o A	HS	
D DEP	☑ Initial ☐ Amended	i		City 6	State, Zip Code	EVAR	7	,	(signature)	-244	12 0	٦.	
M DOL	Amenda	ent#		6	Lister Ruck	ルナ	07:45	me: 4	128/15 TH	ne:	-972	MA	1
DOH	justification	cy (including	1	A CORPORATION AND ADDRESS OF THE PARTY NAMED IN COLUMN ASSESSMENT OF THE PARTY NAMED I	of Contact	, , , , , , , , , , , , , , , , , , ,	0775			110,			f
□ DCA	☐ Cancellati	ion	1	DA	W			16	Telephone N	limbe	-	Third in comme	-
None of E. M. day				FA	CILITY INFORMA	TION		110	. +		٠. ر	u f	
Name of Facility Where	Abatement is Tak	king Place (3	)		- In Charle	TION	Type of Fa	cilib (4)				70-	-
Street Address	izhi		53				1	100000					
3 85 Bull	EL CONTRA	7 14 16 16 16 16 16 16 16 16 16 16 16 16 16	The second section is				School	l (K-12)	Other than K-	121			
	12CATE CA	A.C. 2004					⊠ Other	(i.e. priv	ate & commer	cial bu	ıildhna	s. bor	Mes
City (5) GLEN RUCH	-			-7146			elc.) Square Fe						
					*		1400		# of Floors		Bldg	Age	
County (6)				County	Code (7)		Current Lie	e (Drior:	f being demolis	-	÷6	_	HOTAL MALL
				(STATE	USE ONLY)		1	(2)	nand damon	inea)	-		
Name of Monitoring Firm	t Fired by Building	Owner (8)		AS	CM No.	Name	of Abatemer	1 Contra	clor (9)		-	-	-
Street Address						A.M	AC Contractif	ng Inc	12 5	Ξ.		:	
44467000			- 1 N. 10 N.			Street	Address					-4"	Pilotona
City, State, Zip Code						185 \	reeland Ave.	-				-	
						City, S	tate, Zlp Cod	8					-
Project Manager for Mon	Iming Firm					Midla	nd Park, NJ (	7432		-			
2	working CHILL		1	Telep	hone No.	Teleph	one No.		T		-	5-	
Charl Plate (40)				-			252-5841		License I 00155	NO.	f		
Start Date (10) 4/2	8/15	Schedule	d/Com	pletion	Date (11)	Name	of OSHA Mo	oitor		-		-	
7	<del></del>	1 7	30	(1)	· · · · · · · · · · · · · · · · · · ·	Ome	ga Environm	ental Se	rvices inc.				
Decupancy Status During  El Facility Closed/Vacal	Abatement (Che	ck Only One	B)				Address			Winner Print		-	
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- Attena pesques: -						Hacke	ate, Zip Code nsack, NJ 07	ikae		-		-	_
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J ≥160 sf or ≥260 lf		Dei	molition	)			Full Contain Mini-Enclos	ment w	th Negative P	'essur	· c		
						<u> </u>	Glovebag P	rocedur	c.	,			
		T	-				Non-Exemp	ited (*) a	nd Non-Friable	Proc	edura		
Location	nf		ocation									emen	t
Asbestos-Containing N	faterial (ACIVI)	Used	Sciely	by	Anhorita Carr	scription o	of .			-	7	ре	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TO BE ABA			tenanc dial Sta		Asbestos Cont (i.e. thermal	systems i	naulation	)	Amount	-	1	m	184
(13)			(12)		និងពេល	ing VAT	DE	I	(Specify SF or LF)	Removal	3	Encapsulate	Enobaug
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wark Carting, Inc			Haul	er (D N	ste Cubic Y o. of Wast		Name	of Regist	tered Landfill				-
CFA Abilitation and a con-	The state of the s			04509	0	1	IES	SI PA Be	thlehem Landt	ill Car			
y, State, Zip Code wark, NJ 07105			Pallethinana	- Control of the later of	Disposa			ate, Zip			<del></del>	-	
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification	1 (1)			Name	of Bui	lding	Owner/Operator	(2)	i	12.5					
4-28-15			1	Ea	stmar	ı Co	mpanies								
Agencies Notified	Type Noti	ficati	on	Stree	et Addr	ess			1115	tira .					
[ ]EPA	[X] Initi	ial ificat	ion	16	3 Wes	ston	Road			147-4	44	1:	50		
[ ]DEP			TOIL		State				1 23						
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[X] DOH	[]EMERO	TENTON		Name	of Con	tact			Telephone	e Number					
[ ]DCA	[ ]Cance		OD.	Ea	stmar	ı Co	mpanies								
	1 1000100		022		FACI	LITY	INFORMATION								
Name of Facility Whe	ere Abatem	ent is	Taki	ng Pla	ace (3)			Type	of Facili	ty (4)					
Same as above								[]	School (	K-12)					
Street Addres		_			1-71					er 8 (Other					
										ildings, h					
								Square	e Feet	# of Floo	ors	Bl	dg.	Age	
City (5		Co	unty	(6) Ess	sex	2000	inty Code (7) TATE USE ONLY)	140	10. <del>-</del> 1				65		
		100				(0.		Curre	nt Use (P	rior if be	eing	g der	olis	hed	)
Name of Monitoring H	Firm hired	by Bu	ildin	g AS	CM No.		Name of Abate	ment Co	ntractor	(9)					
Owner (8) N/A		_					AZTECH M								
Street Address							Street Addres	s	***************************************						
							86 Chris	toph	er St.						
City, State, Zip Coo	le						City, State,	Zip Cod	le			100			
							Montclai	r, N	J 0704	2					
Project Manager for	Monitoring	g Firm	20 BEEN S		ne Numb	er	Telephone Num		_			ense		er	
			N/	'A		5	(973)744	-880	0		0 (	037	1		
Scheduled Start Date	(10)				n Date	(11)	Name of OSHA	Monitor	*				H=H60		
5-14-15 Month Day Y	ear	Mont	5-22	2-15 Day	Year		N/A								
Occupancy Status Dur	ing Abater	ment (	Check	only	one)		Street Address	s		The 15th Land					
[X]Facility Closed of Abatement		d Duri	ing En	tire	Period										
[ ]Abatement Pe					Facilit	ΞY	City, State,	Zip Cod	le						
Hours - Desc: [ ]other - Desc:					ript»										
Scope of Work (Check					-										
[V]>2 of on	\2 1£	0.7.7		1D						h Negative	PI	essu	re		
[X]≥3 sf or [ ]≥160 sf o					vation molitio	n	[x ]Mini []Gloveb								
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Asbestos-Con				Used			Asbestos-Con		r	Amount		R	R	N	N C
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Name of Registered W				DEP W		1 2	bic Yards	Name	of Regis	tered Land	fil	1			
AZTECH MANAG	EMENT,	INC.		7040	ID No.	of	Waste 1.5	G.R	.O.W.S						
City, State				1 =		Di	sposal Date	Links and the same of the same	State						
Montclair, NJ	07042					1	5-25-15	Mor	risvil	le, PA	1	906	7		
Completed By (Print	or Type)	Title					Signature				D-	ate			
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-	20	120	Acres .			
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Date of Notification (1) 05/01/15				Name o	of Building GEN B	Owner/0	Operator (	2) [1] [1]	-4	[5]	: 50			
Agencies Notified	Type Notification			Street A	Address NRY S			1 - 1 - 1			- 0-			
DEP X DOL	Amended Amendment				ate, Zip C WOOD,		701	98 1 1			_			
× DOH □ DCA	Emergency justification) Cancellation				f Contact				Tele	ephone	Number			
				FAC	ILITY INF	ORMAT	ION				-			
Name of Facility Where	Abatement is Takir	g Place (3)						Type of Facility (	4)					
Street Address								School (K-1 Subchapter	8 (Othe	er than h	<-12)			
66 HENRY STREE	T						[	Other (i.e. p	rivate 8	& comme	ercial bu	ilding	s, hom	ies,
City (5) LAKEWOOD, NJ							100	Square Feet 2000	# of	Floors		Bldg.	Age	
County (6) OCEAN COUNTY		k l			Code (7) USE ONLY	)		Current Use (Prid	or if beir	ng demo	olished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	I No.			f Abatement Con EAD PROFE						
Street Address							Street A			TV/ LCO				
City, State, Zip Code							City, Sta	ate, Zip Code						
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Telepho		3701	License	e No.			-
Start Date (10)		Cahadula	1000		D-1- (44)			68-9078		1200				
05/10/15		Scheduled 05/11/15	5	ipietion	Date (11)		\$25000 ATT 1889	FOSHA Monitor EAD PROFE	SSIOI	NALS				
Occupancy Status Durin							Street A	2015-1979:Ti						
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norn	Period of Ab nal Facility I	atem Hours	ent				TE DOVE CO	DURT			-2000	->	
Scope of Work (Check A						_	LAKE	WOOD, NJ 08	3701					
23 sf or ≥3 lf	ш тпас Арріу)		novat	ion				Full Containme	nt with	Negativ	e Press	ure		
× ≥160 sf or ≥260 lf		× De	moliti	on			×	Mini-Enclosure Glovebag Proc	edure					
		le I	ocatio	nn.				Non-Exempted	(*) and	Non-Fr	Table Pr	-1000000	re temen	t
Location		No	rmall	y		Des	scription o	f					уре	
Asbestos-Containing TO BE AB		Used Main	tenan	ce/		tos Cont	aining Ma	terial (ACM)		nount			m	_
In Facil		Custo	dial S (12)	taff?	(i.e.	surfac	systems i cing, VAT,	or		pecify or LF)	Remova	Repair	псар	Enclo
(13)			No No	N/A		other m	niscellane	ous)			oval	pair	Encapsulate	Enclosure
EXTERI	OR		3.07%			S	IDING		100	00 SF	X	+	-	
							ibii40		100	00 01	Δ.	-	-	
											-		-	
				-								-	-	
Name of Registered Was	te Hauler		I N.	IDEP W	aste	Cubic '	Yards	Name of R	Pagistar	od Lond	leli			
NEWARK CARTING			Ha	uler ID 509		of Was	ste	IESI	register	eu Lanu	11111			
City, State NEWARK, NJ		•				Dispos 05/11/	al Date /15	City, State BETHLE		PA				
Completed by		Title					ignature				Date			
JOSEPH PERLSTEI	N	OWNE	R								05/01/	15		

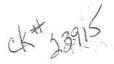
Date of Notification (1) 05/01/15			of Building		Operator	(2)						
Agencies Notified Type Notification		Street	t Address UEBELL		:	42:0 (1 h)	- in first		Ü			
EPA Initial Amended Amendment		City, S	State, Zip C	ode		573			18			
X   DOH   justification)     DCA   Cancellation			of Contact	- 17/10/2005			Telepho		mber			
Name of Facility Where Abatement is Takin	n Place (3)	FA	CILITY INF	ORMAT	ON	T						
Street Address 1752 BAY ISLE DRIVE	9 1 1000 (0)					Type of Facility School (K Subchapt Other (i.e. etc.)	(100.00)	an K-1 mmerc	2) ial bui	ilding	s, hon	nes,
City (5) POINT PLEASANT, NJ						Square Feet 1500	# of Flo	ors		Bldg.	Age	
County (6) OCEAN COUNTY	34	Count (STATI	y Code (7) E USE ONLY	n		Current Use (P HOME	rior if being d	emolis	hed)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	CM No.		Name AAA	of Abatement Co	ontractor (9)	S				
Street Address					Street	Address						
City, State, Zip Code			1020-	=	City, S	tate, Zip Code EWOOD, NJ (						
Project Manager for Monitoring Firm		Teleph	one No.		Teleph	one No. 668-9078		ense N	lo.			
Start Date (10) 05/17/15	Scheduled 05/24/15	Completion	n Date (11)		Name	of OSHA Monito	r					
Occupancy Status During Abatement (Chec	k Only One)				Street	Address						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of Aba al Facility Ho	tement ours				ITE DOVE C ate, Zip Code	OURT					
Scope of Work (Check All That Apply)					LAKE	WOOD, NJ (	08701					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation solition			×	Full Containn Mini-Enclosus Glovebag Pro Non-Exempte	re ocedure					
	10000000	cation				THOR Exemple	aria ivoi	I-FIIAD	le Pio	Abat	emen	t
Location of Asbestos-Containing Material (ACM)	Used S	nally olely by nance/	Asbes	tos Conta	cription of	aterial (ACM)	Amour	nt	-	1	/pe	
TO BE ABATED In Facility (13)		al Staff?	(i.e.	thermal s surfac	systems ing, VAT iscellane	insulation, , or	(Specif SF or L	y	Remova	Repair	Encapsulate	Enclosure
INTERIOR	Yes N	lo N/A							_		ate	re
INTERIOR				ACM TI			1200 S		Х			
INTERIOR			J	OINT C	OMPO	DUND	3500 S	F	Х			
Name of Registered Waste Hauler												
NEWARK CARTING		NJDEP V Hauler ID 04509		of Wast	e	Name of IESI	Registered L	andfill				
City, State NEWARK, NJ				Disposa 05/24/	al Date	City, Stat	e EHEM PA					
Completed by JOSEPH PERLSTEIN	Title OWNER	!		Sig	gnature			Dat 05/	e /01/1	5		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notificatio	n (1)		N:	ame o	of Build	ding O	wner	/Operator	- (	(2)	OFFI,	in the				
4-29-15				Cha	rles	A.	Poe	ekel				The Land	]			
Agencies Notified	Type Noti	fication	S	treet	Addre	ss	tat tealla			2015 MAY	, i e,		-			
[ ]EPA	[X]Initi			860	Blo	omfi	eld	d Ave.		2015 MAY	-4 A	1:	31			
[ ]DEP	Noti	lfication	C:	ity,	State,	Zip C	ode			ASAFE	TIC Par	170				
[X]DOL	[ ]Amend	ded Efication		Ver	ona,	NJ,0	704	14		ASHES:	CFHAI	10 K	UL			
[X]DOH	[ ] ENGED	TENOV			of Cont		80700	1000		Telephon	e Number	10				
[ ]DCA	[ ]EMERG			Cha	rles	A.	Poe	ekel		i	-					
	[ ]Cance	ellation			FACTI	ITY IN	TEODN	AD TO TON								
Name of Facility Wh	ere Abatem	ent is Ta	king	Pla	100000000000000000000000000000000000000		ir Ord	ANIION	T	ype of Facil:	ity (4)					
Same as above	3									[ ]School	(K-12)					
Street Addres							- 22 2		$\parallel$	[ ]Subchapt					1700	
										[X]Other (: cial bu	ildings					
									-1	quare Feet	# of F	loors	Bl	dg.	Age	
City (5		Count	у (6	) Ess	ex		000	ode (7)		.600	2			90		
						,			C	urrent Use (I	Prior if	bein	g der	olis	shed)	)
Name of Monitoring	Firm hired	by Build	ing	ASC	M No.		Name	of Abate	ll mer	nt Contractor	(9)					
Owner (8) N/A		1.7	5				AZ	TECH M	(A)	NAGEMENT	, Inc.					
Street Address		-		1			Stre	et Addres	s							
							86	Chris	st	opher St	•					
City, State, Zip Co	de						City	, State,	Zij	p Code						
							Mo	ntclai	Lr	, NJ 0704	12					
Project Manager for	Monitorin		2 -2 -2 -3 -3		e Numbe	r		phone Num				1000	ense		per	
1 9			N/A	7			(9	973) 744	1-	8800		0	037	1		
Scheduled Start Dat	e (10)	Sched. Co	00.750.77		Date (	2.000		of OSHA	Moi	nitor						
5-9-15 Month Day	Zear	5- Month	11- Da		Year		N/A	1								
Occupancy Status Du	ring Abate	ment (Che	ck o	nly	one)		Stre	et Addres	s							
[X]Facility Clo of Abatemer		a During	Ent	rre F	Period											
[ ]Abatement Pe Hours - Desc					Facility	Y	City	, State,	Zij	p Code						
[ ]other - Desc				_	ript»											
Scope of Work (Chec	k all that	apply)						74.75.4 AMOUNT CHIEFE				delikarian delik				
[X]>3 sf or	>3 lf		۲x۱	Reno	vation			[ ]Full [ ]Mini-		ntainment wit	th Negat:	ive P	ressu	ire		
[ ] <u>&gt;</u> 160 sf			(5×2)T		lition			[X]Glove	ba	g Procedure						
			72-23	Is	T			[ ]Non-F	ri	able Procedu	re		Aba	teme	nt I	lvpe
Locatio				catio				Description		50 1 66	4		R		E	E
Asbestos-Co Material	373			Jsed olely	7			estos-Con Material			Amoui (Spec		E	R	CA	C
TO BE A				Mair				, thermal			SF c	r	0	PA	P	0
In Faci (13)	(2000) Th		Cus	todi	al			ion, surf her misce			LF)		A	I R	S	S U
	*	Ye		No	N/A	(200	(5) 6x(7)			•			L	0.000	L	R E
Basement					X	Pipe	e I	nsulat	ic	on	110	Lf	X			
Name of Registered AZTECH MANAG			0.00	EP Wa	aste ID No.	1000		ards e 1.5	- 1	Name of Regis		andfi	.11			
NAMES OF THE OWNER	THAIRT,	INC.		040			20				J.		9° 0			
City, State Montclair, NJ	07042							1 Date -15	- 1	City, State <b>Morrisvi</b> :		2 1	ane	7		
montectati, No	01042					3.				MOLLISVI.	rre, E	W 1	. 500	,		
Completed By (Print		Title	_					Signature	= 1	W.		I	ate	****		
Constantine V	vivian	Presi	resident							M			4-2	9-1	.5	

#### State of New Jersey Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



Date of Abditication (1) Date CHANGE 640915 AMENDED NOTIFICATION Agencies Notified  DE PA  Initial Notification DCA  DCA  DCA  DCA  DCA  DCA  DCA  DCA	Date of Notification (1)					Name of Building Owner/Ope	rator (2)	Des.			
Initial Notification   City Amended   City Notification   City State   City Stat	DATE CHANGE 04/30/15	ME	NDED I	IITON	FICATION	Board of Education Townsh	nip of Hill	side	I KAY.	-6 11	
BEA   Initial Notification   Colorate   Co	Agencies Notified		Notification	Type		Street Address 195 Virginia Street		7	t	171	11:32
Big Dep   Big Dep   Big Dep   Big Def December   Big December   Bi						City, State, Zip Code			5716	201	Litter
Size   Address   Address   Address   Address   Address   Address   Addre	(A) (A) (B) (A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B				action (including				× 1.10,	FAITH	MUL
Cancelled     Cancelled     FACILITY INFORMATION     Name of Facility Where Abatement is Taking Place (3)   Type of Facility (4)   Exhoulk (1)   Exhoulk (			instification	ncy nound	cation (including		8	Tolor	nhann Mi		+ ( )
Hillside High School  Street Address 1085 Liberty Ave, Hillside, NJ 07205  Street Address 1086 Liberty Ave, Hillside, NJ 07205  Street Address 172 Sergeantsville Road  Street Address 173 Sergeantsville Road  Street Address 173 Sergeantsville Road						Kenneth R. Weinheimer					
Name of Facility Where Absternent is Taking Place (3)				***							
Size   Address   County (6)   County (7)   County (8)   County Code (7)   City (1)   Citate Use Only   City (1)   City (1)   Citate Use Only   City (1)   Ci					FACILITY INF						
Street Address 1085 Liberty Ave, Hillside, NJ 07205  City (5) Hillside  County (6)  County Code (7) (Slate Use Only)  Name of Monitoring Firm Hired by Bidg, Owner (8)  Street Address  City, State, Zip Code  Street Address  City, State, Zip Code  Stockton, NJ 08559  Project Manager for Monitoring Firm  Telephone Number P (732)225-0900 v102  City State, Zip Code  Stockton, NJ 08559  Project Manager for Monitoring Firm  Telephone Number P (732)225-0900 v102  City, State, Zip Code  Stockton, NJ 08559  Project Manager for Monitoring Firm  Telephone Number P (732)235-0900 v102  City State, Zip Code  Stockton, NJ 08559  Project Manager for Monitoring Firm  Telephone Number P (732)235-0900 v102  City, State, Zip Code  Stockton, NJ 08559  City, State, Zip Code  Stockton, NJ 08559  Project Manager for Monitoring Firm  Telephone Number P (732)235-0900 v102  City State, Zip Code  Stockton, NJ 08559  License Number P (732)235-0900 v102  City, State, Zip Code  License Number City, State, Zip Code  Lincoln Park, NJ 07035  Steed Address  The Address Than Street City, State, Zip Code  Lincoln Park, NJ 07035  Steed Address Than Street City, State, Zip Code  Lincoln Park, NJ 07035  Steed Address Than Street City, State, Zip Code  Lincoln Park, NJ 07035  Steed Address Than Street City, State, Zip Code  Lincoln Park, NJ 07035  Steed Address Than Street City, State, Zip Code  Lincoln Park, NJ 07035  Steed Address Than Street City, State, Zip Code  Lincoln Park, NJ 07035  Steed Address Than Street City, State, Zip Code  Lincoln Park, NJ 07035  Steed Address Than Street City, State, Zip Code  Lincoln Park, NJ 07035  Steed Address Than Street City, State, Zip Code  Lincoln Park, NJ 07035  Steed Address Than Street City, State, Zip Code  Lincoln Park, NJ 07035  Steed Address Than Street City, State, Zip Code  Lincoln Park, NJ 07035  Steed Address Than Street City, State, Zip Code  Lincoln Park, NJ 07035  Steed Address Than Street City, State, Zi		ent is T	Taking Place	(3)							
Street Address         City (S)       County (6)       County Code (7)       County Code	Hillside High School						K-12)				
Sq. Feet: NA  # of Floors: 3 Bldg. Age: 1951	Street Address					Other (i.e. private & commerce	cial buildin	nas h	omes, et	(c.)	
Name of Monitoring Firm Hired by Bidg, Owner (8)   ASCM No.   Name of Contractor (9)   Panoramic Window & Door Systems Inc.	1085 Liberty Ave, Hillsid	e, NJ	07205								
Name of Monitoring Firm Hired by Bidg, Owner (8)   ASCM No.   Name of Contractor (9)   Panoramic Window & Door Systems Inc.	City (5)	v (6)		Count	v Code (7)		(! l1)				
Name of Monitoring Firm Hired by Bidg, Owner (8)   ASCM No.   Name of Contractor (9)		y (O)				Current Use (prior if being der	molisnea)	5			
Panoramic Window & Door Systems Inc.	rilliside			70.1010							
Panoramic Window & Door Systems Inc.	Name of Monitoring Firm Hired b	v Bldo	. Owner (8)	ASCM	No.	Name of Contractor (9)					
Street Address  City. State. Zip Code  City. State. Zip Code  Stockton, NJ 08559  Project Manager for Monitoring Firm  Telephone Number  Project Manager for Monitoring Firm  Scheduled Completion Date (11) 0x3015  Scheduled Start Date (10) 0x3015  Scheduled Completion Date (11) 0x3015  Scheduled Start Date (10) 0x3015  Scheduled Completion Date (11) 0x3015  Scheduled Start Date (10) 0x3015  Scheduled Completion Date (11) 0x3015  Scheduled Start Date (10) 0x3015  Scheduled Completion Date (11) 0x3015  Scheduled Start Date (10) 0x3015  Scheduled Completion Date (11) 0x3015  Scheduled Completion Date (11) 0x3015  Scheduled Completion Date (11) 0x3015  Scheduled Start Date (10) 0x3						302 N 50000 S-A 50000					
City_State_Zip_Code   City_State_Zip_Code   Stockton, NJ 08559							Systems	Inc.			
City State   Zip Code   Stockton, NJ 08559	Street Address										
Stockton, NJ 08559						712 Sergeantsville Road					
Stockton, NJ 08559	City, State, Zip Code					City State, ZipCode					
Project Manager for Monitoring Firm	3111 31111										
Scheduled Start Date (10) 04/30/15  Scheduled Completion Date (11) 05/3/15  Scheduled Completion Date (11) 05/3/15  Scheduled Completion Date (11) 05/3/15  Scheduled Start Date (10) 04/30/15  Scheduled Completion Date (11) 05/3/15  Scheduled Completion Date (11) 05/3/15  Scheduled Start Date (10) 05/3/15  Scheduled Completion Date (11) 05/3/15  Scheduled Completed Scheduler 07 Scheduled Completion Date (12) 06/3/15  Scheduled Completed Scheduler 07 Scheduled Completion Date (12) 07 Scheduled Completion Date (12) 07 Scheduled Completion Date (13) 07 Scheduled Completion Date (14) 07 Scheduled City State Allentown PA 07 Scheduled Completion Date (14) 07 Scheduled Completio											
Scheduled Start Date (10) 04/30/15    Scheduled Completion Date (11) 05/3/15   Scheduled Complete Date (11) 05/3/15   Scheduled Completion Date (11) 05/3/15   Scheduled Completion Date (11) 05/3/15   Scheduled Completion Date (11) 05/3/15   Scheduled Complete Date (11) 05/3/15   Scheduled Conplete Date (11) 05/3/15 06/15 07/15	Project Manager for Monitoring F	irm	Telephone	Number						<u>ber</u>	
Description of Asbestos-Containing Material (ACM) in Facility (13)   Set						P (732)926-0900 x102		0123	37		
Description of Asbestos-Containing Material (ACM) in Facility (13)   Exterior windows   Step   St	Schodulad Start Data (10)		Schodulad	Complet	ion Data (11)	Name of OSHA Monitor					
Occupancy Status During Abatement (Check only one) □ Facility Closed/Vacated During Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours □ Describe  ☑ Other – Describe: M-S 0700-1500  ☑ City, State, Zip Code ☐ Lincoln Park, NJ 07035  ☑ Renovation □ □ Imini-Enclosure □ Glovebag Procedure ☐ Demolition □ □ Glovebag Procedure ☐ Demolition □ □ Containing Material (ACM) in Facility (13) □ Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.) □ Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.) □ Containing Material (ACM) In Facility (13) □ Exterior windows □ ☑ Transite material under 270 solid window panels Red & tile panels □ Perimeter Window Caulk □ ☑ Perimeter window caulking □ Italie □ Disposal Date □ City, State Allentown, PA □ Completed by (Print or Type) □ Ititle □ Date □ Date □ Date □ Date □ Date □ Date				Complet	ion bate (11)						
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hours - Describe											
□ Abatement Performed Outside of Normal Facility Hours - Describe  □ Other - Describe: M-S 0700-1500  □ City, State, Zip Code □ Lincoln Park, NJ 07035  □ Mini-Enclosure □ Demolition □ Glovebag Procedure □ Non-Friable Proc	Occupancy Status During Abater	ment (	Check only o	ne)	207						
Describle   EiOther - Describle: M-S 0700-1500   Eincoln Park, NJ 07035					nt	87 Main Street					
Eight Source of Work (Check all that apply)  ≥ 3 sf or ≥ 3 lf  ≈ ≥ 160 sf or ≥ 260 lf  Expendition    Source of Work (Check all that apply)		OT INC	ormal Facility	Hours -		City State Zin Code					
Source of Work (Check all that apply)  ≥ 3 sf or ≥ 3 if  ★ ≥ 160 sf or ≥ 260 if  □ Demolition □ Demolition □ Glovebag Procedure □ Non-Friable Procedu	Describe		*			City, State, Zip Code					
≥ 3 sf or ≥ 3 lf   ⊠ Renovation	⊠Other - Describe: M-S 0700-1	500				Lincoln Park, NJ 07035					
≥ 3 sf or ≥ 3 lf   ⊠ Renovation						Experience and successful residence and successful					
≥ 3 sf or ≥ 260   F	Source of Work (Check all that a	(vlaa									
# ≥ 160 sf or ≥ 260 If		P P									
Location of Asbestos- Containing Material (ACM) in Facility (13)    Sacility (13)   Used Solely by Maint./Custodial Staff? (12) YES   NO   NA     Exterior windows   Exterior window Caulk   Exterior	1				⊠ Renovation						
Location of Asbestos-Containing Material (ACM) in Facility (13)   Used Solely by Maint./Custodial Staff? (12) YES NO NA   IX Transite material under 270 solid window panels Red & tile panels   Perimeter Window Caulk   IX Perimeter window caulking   IX DEP Waste Hauler ID # 0036057   Disposal Date   City, State Allentown, PA   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)   Abatement Type (Specify SF or LF)   Remove Repair Encapencies   Remove Repair Encapenc	₩ ≥ 160 sf or ≥ 2	60 If			□ Demol		_				
Containing Material (ACM) in Facility (13)   Used Solely by Maint./Custodial Staff? (12) YES NO NA   NA   Surfacing, VAT, or other misc.)   NA   Surfacing, VAT, or other misc.)   Surfacing, VAT, or other misc.)   Completed by (Print or Type)   Title   Signature)   Oate   City, State Allentown, PA   Campleted by (Print or Type)   Title   Campleted by (Print or Type)   Cache					EL COCESCAMONO	27-24-05-071100-0-0	-3010/300000	7050		100	
Facility (13)   Maint./Custodial Staff? (12)   Surfacing, VAT, or other misc.)   Or LF)   Remove Repair Encap Enclose				ally					Abater	ment Typ	<u>be</u>
Exterior windows  Exterior windows    X				Staff?					Remov	ve Ren	air Encan
Name of Reg. Waste Hauler   Chrin Landfill   Date   Completed by (Print or Type)   Title   Signafure   Allentown, PA   Date   Date   City. State   Allentown, PA   Date   Completed by (Print or Type)   Title   Signafure   Allentown PA   Date   City   Date   City   Completed   C	1 dointy (10)			Otan.	canaonig, vivi,	o. o.i.o. i.i.oo.,	0. 2. /				an Enoup
Perimeter Window Caulk    Perimeter window caulking   1351 LF   ★★											
Perimeter Window Caulk    Name of Reg. Waste Hauler   NJDEP Waste Hauler ID #   Cubic Yards of Waste   Name of Registered Landfill	Exterior windows			X			3,340	SF	母母		
Name of Reg. Waste Hauler   D#   Cubic Yards of Waste   Name of Registered Landfill   Allentown PA    Chrin Landfill   Disposal Date   City, State   Allentown, PA    Completed by (Print or Type)   Title   Signature   A   Date   Date					•						
Chrin Landfill  Disposal Date  City, State Allentown, PA  Completed by (Print or Type)  Title  Signature  Date	Perimeter Window Caulk			X	Perimeter wind	ow caulking	1351 L	.F	<b>東</b> 垂		
Chrin Landfill  Disposal Date  City, State Allentown, PA  Completed by (Print or Type)  Title  Signature  Date				-			-			-	+
Chrin Landfill  Disposal Date  City, State Allentown, PA  Completed by (Print or Type)  Title  Signature  Date											
Chrin Landfill  Disposal Date  City. State Allentown PA  City. State Allentown, PA  Completed by (Print or Type)  Title  Signature  Date	Name of Reg. Waste Hauler	-	NJDEP Wa	ste Haul	er ID#	Cubic Yards of Waste	1	Name	e of Reg	istered L	andfill
Completed by (Print or Type)  Title  Signature 1 Disposal Date  City, State Allentown, PA  Date	Last or the second		0036057			5		Allen	town PA		
Completed by (Print or Type) Title Signature 1 Date	Chrin Landfill					I Di	need D	240		City Ct-	ł.
Completed by (Print or Type) Title Signature 1 Date							sposal Da	ate			
										o.itow	.,, . , ,
	0 16 16 17 17 17		Tiat		C:====0:===		Def				
Solisaitait Solis				t		Signature /		-			
	mark in corro		Jonatian			11/1/		5 1100			

Check 9288

Date of Notification (4)		Nama	f Building OurselOsset	101 /				
Date of Notification (1)  2015 HAY - 1 (4) 5=1-15		Name o	f Building Owner/Operato	(arl	Bruen			
Agencies Notified Type Notification	- 27	Street A	Address 115 14		^	,		
EPA Initial		City Ct	ate, Zip Code	WT MAN	over Allo	_		
DOL Amendment		City, Siz	Morri	s Plain	S NJ	0	795	50
DOH Emergency (iustification)	ncluaing	Name o	f Contact		Telephone Nu	mber		
□ DCA □ Cancellation		L'al	1/ Bruen		1 /1 1	171	17	10
		FAC	ILITY INFORMATION		201.4	=-	11.0	() <del>-</del>
Name of Eacility Where Abatement is Taking		11.		Type of Facility	(4)		30	
Dingle tamily	DW	lling		☐ School (K-		Ē	-	144
Street Address		~	). 	Subchapte Other (i.e.	er 8 (Other than K-1	2) ial buileti	fine hon	200
115 West H	anover	AC	18	etc.)	er 8 (Other than K-1 private & commerc	ai bullui	igs, non	nes,
Morris Plains	NT			Square Feet	# of Floors		g. Age	-
County (6) A A	100	County	Code (7)	Current Use (Pr	ior if being demolis	(bed)	20 1	
Morris	6		USE ONLY)					
Name of Monitoring Firm Hired by Building C	wner (8)	ASCN	No. Name	e of Abatement Co				
Street Address	3162		Street	EFG 16 Address	chaolee	ies	L	nl
Ro. Box 3	37		oue	O. Box	337			
City, State, Zip Code	TM	09	533 City	State, Zip Code	714 40	AC	162	12
Project Manager for Monitorial grim	140	Telepho	ne No. Telep	phone No.	License N	0.	No.	13
Steve Schenken	<b>L</b>			758-33		33	94	
	Scheduled Co			e of OSHA Monitor			9	
5-11-15		11-15			hnologies	In	<u></u>	
Occupancy Status During Abatement (Check	50 50		L S	t Address	227			
Facility Closed/Vacated During Entire P  Abatement Performed Outside of Norm				P.O. Box State, Zip Code	351			
Other – Describe:	ar r acility r lou			lew Egypt	117	300	~~	
Scope of Work (Check All That Apply)			ι ι	CO Zypt	777	785	33	
≥3 sf or ≥3 if	☐ Renov	ration		☐ Full Containm	nent with Negative F			
□ ≥160 sf or ≥260 lf	☐ Demoi			☐ Mini-Enclosur	e ·	_	901	
			7	Glovebag Pro	cedure Porcedure		· .	*e**
	Γ			Li Non-Exemple	d ( ) and Nort-Friad	1	batemer	54E
	ls Loca Norma				76.73		Туре	
Location of Asbestos-Containing Material (ACM)	Used Sol	ely by	Descriptio Asbestos Containing	n of Material (ACM)	Amount			T
TO BE ABATED	Mainten: Custodial	100 miles	(i.e. thermal system	ns insulation,	(Specify	Re	R	四
In Facility (13)	(12)		surfacing, Va		SF or LF)	mø.	Repair	Enclosure
(13)	-	T	other miscena	meous)	8	Removal	Encapsulate Repair	ure
	Yes No	N/A				2		
1st floor	X		Pipe Insu	lation	20 LF	X		
Basement	X			lation	20 LF	20		
		-						
Name of Registered Waste Hauler		NJDEP W Hauler ID		Name of	Registered Landfill			
EPC Technologies		1700	00	1 Was	te Manager	nent	of !	AS
City, State			Disposal Date	e City, Sta	te	A		
New Egypt	VJ Title				usville F	to		
Steve Schenker	Presic	Den+	Signatur	Sal	1	5-	1-15	5
Cime activities	INCOL		u	ESE /	or -	9		

1. ( )

SHOUN FORMS

#### Sielo of New Josepy Hotification of Abbretor Abatement (Pursuant to HJAC 9:80 and 12:120)

Date of Notinsellon (1) 4/29/15			Nama (	i Bulding	Owner	Operator	(5)					-		
Agendes Housed Type Nouscation		-	Sireol /		rand		and the same	A CONTRACTOR OF THE LOCAL PROPERTY OF THE LO	•					-
E EPA Invital C DEP	走 1	_	Cilv. St	Hudley i até, 215 G Piainíle	ode	07080			•					
B DOH [usikicakon] DOA Conceksion		-	Khade	Contact on Smilt	t				Te	isphona No	mar-			
Name of Facility Where Abatement is Telde Tolowa Substation	g Place (3	)	FAO	LITYIHF	ORMAT	1011	-	of Fadily (						*****
8)rest Address 59 Furler St							P-1	School (K-1) Subchspier Oliter (Lo. p	8 (0)	ier litan K-1 & commerc	(2) tol but	fdings	, hom	169,
City (6) Totowa NJ 07512							300	elo) re Feel	1	f Floors	14	16g. /		
County (8) Passalo			County (STATE	Code (7) USB OliLy	2		. Con	int Use (Prio	rlibe	ing demolis	hed)			
Nante of Menkoding Flim Hired by Building	Osyner (6)	·	ASCI nla	THO.	*****			ilemeni Con Ironnianta			,			
Blicot Addiges n/a				****		Street 17 O		ss ok Rd			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,,-	
Olly, State, Zip Code n/a						Olly, 8 Yaph	late, 2	ip Gode NY 11980						•
Project Manager for Montloding Firm			Telepho Na	as No.		Teleph 631-6	24-8	1111	*	Libense h 01136	ło.			
8)art Date (10) 4/27/15	8chodole 7/15/15		nolfolqr	Dale (11)		Hame WR8	eros: Env	ronmente	sen	does				
Occupancy Status Dixing Abatement (Oher	k Only On	(0)				Street								
Facility Closed/Vaceled During Entire Abelement Performed Outside of flori Other - Describe:	Period of A nel Facility	lioure	ioni		—in ,	Olly, 8	islo, Z	lp Goda above					-	
Scope of Work (Oltook All That Apply)					7			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>					• • • •	
区 5460 2401 5500 II		enova Siomol				20 1: 0	MI	i Containmo ni-Endosuro svebag Proce n-Exempled					٨	
	7	Local	A.W.	1			110	il-er validatea	5,2,911	A VENTER HING	10110		nem	1
Location of	I N	iemo!	Y		Пе	scription	of				-	13	69	r
Asbesios-Conteining Material (ACM) TO BE ABATEO In Facility (13)	Qust	d Sole Intensi odist S (12)	ice/ Heff?	Asbes (J.o.	los Gon Usenial Buile	laining H i systems olog, VA hiscellad	eterial Insuli T. or	(AGM)		mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yos	No	NA		4 51		-tones			7	x	-		
Control House			X	Concr	ete Blo	CK			600	SF	^	-		
	1-1		<u> </u>				-	1	-		-	-	-	
			-	-		- Comment	of the latest section in		-		+-		-	-
Name of Registered Wasto Hauter ETGI	ابب	N	VOEF Wavier ID 7107	rasio · No,	Gublo of Ws 80	Yerde \$18		Manie of R		red Lendill andfill	ــــــــــــــــــــــــــــــــــــــ			
Olly, Slate Flandere NJ		10	107			sal Date		City, State Morgant	-				~	
Completed by Michael J DiMatia	Proj N	Agri S	Sile Su	pervisor	1.5	lonalure Ille	Rose	PIK	m	ner De	(0 1/29/1	15	^~	

ASB-41 (R-08-08)

"Do not use this form for asbestos licensure exempled activities.

Date of Notification (1) 4/22/15			- 1	lame of PSEG	Building O	wner/O	perator	(2)		ī.	dia.		F ()		
Agencies Notified	Type Notification			Street Ac 4000 H	idress ladley ro	ad									
EPA DEP X DOL	initial Amended Amendment	#			te, Zip Cod Plainfield		7080								
DOH DCA	Emergency ( justification) Cancellation		11 3		Contact n Smith						ephone Nu				
				FACIL	ITY INFO	RMATI	ON	T) too o	f Facility (	41					
Name of Facility Where Totowa Substation	Abatement is Tekin	g Place (3)						TI s	chool (K-1	2)	er than K-1	2)			
Street Address 59 Furier St				- 6				S o	lher (l.e. p c.)	rivate a	s commerc	łai bulk			33,
City (5) Totowa NJ 07512								Square 300		1	f Floors	4	idg. A O plu		
County (6) Passalo			1	County C	ode (7) ISE ONLY)		_		t Use (Pri		ng demolis	hed)			
Name of Monitoring Fire	Hired by Building	Owner (8)	- '	ASCM n/a	No.		Name WRS	of Abate Envir	ment Cor onments	al Ser	(9) vices inc				
Street Address								Address Id Doc	0 (2.200)						
City, State, Zip Code								tate, Zip ank N	Code Y 11980	)	411				
Project Manager for Mon	niloring Firm			Telephor n/a	ne No.			one No. 924-81			License I 01136	No.		2000	
Start Date (10) 4/27/15		Schedule 7/15/15		pletion i	Dale (11)				A Monitor onment	al sen	/ices				
Occupancy Status Durin	g Abatement (Chec	k Only On	e)				- X 664, 500 (C19)	Address		88					
Facility Closed/Vac Abatement Perform Other - Describe:	cated During Entire ned Outside of Norm	Pedod of A nal Facility	balem Hours	ent			City, S	as ab tate, Zip as at	Code					-	$\dashv$
Scope of Work (Check /							841116	3 85 8L	0040					_	$\dashv$
33 af or ≥3 if ≥3 af or ≥3 if ≥160 af or ≥280 if	ui inat Appy)		enoval emoliti				S X	Mini	Enclosure	edure	n Negative			0	
								2 MOII	-Exemple	u ( ) all	d (VOII-1 IId	016 1 10		emen	
			Location			D		-1						ре	
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Malerial (ACM) BATED Illity	Use Ma	d Solei Intenar odial S (12)	y by ice/ iteff?	Asbest (I.e.	os Cont thermal surfa	scription laining h systems cing, VA miscellar	faterial ( s insulat T, or	(ACM) lon,	(	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							20.00	+-	_	-	
Control Ho	use roof			Х			Roofin				00 SF	x	-		
Control I	House			X	Asbest				anels		0 SF	x	_	_	
Celling I	nterior		X			estos c				1 SF	x	_	_		
Substatio				X			s trans	ite pip			50 LF	×	L.		
Name of Registered We ETGI	iste Hauter		H	JDEP W auler ID 7107		of Wa	Yards ste		Conest		ered Landi andfill	HI.			
City, State Flanders NJ		-				Dispo TBD	sal Date		City, Stat Morgan						
Completed by Michael J DIMaria		Title Prof	Vigr/ S	Site Su	pervisor	1	Sonalure //	loc	PIK	DN		ale 4/22/	15		

NO CK

			(P	ursuant	to NJAC 8:	60 and 12:12	0)			f= 13 c.;		-		
Date of Notification (1) 4/26/15				Name of		wner/Operato	r (2)				3 1	m   J		
Agencies Notified	Type Notification				Address agle Rock	Road			E # 4 5 1.	5 V -4	Lif	3: 5	E	
EPA DEP DOL DOH	Initial Amended Amendment Emergency justification)	(including	_	City, Sta Rosela Name o	ate, Zip Code and NJ 07 of Contact	9			ۇ Tel	ephone Nu	mber	30		
☐ DCA	Cancellation			ATTEN TO BE SEEN SEEN	Neville									
Name of Facility Where a Saddle Brook Sub Street Address	Abatement is Takin	g Place (3	3)	FAC	ILITY INFOR	RMATION	Тур	school (K-	12)	er than K-1	2).			
392 Jefferson St.							×			& commerc		ldings	, horr	nes,
City (5) Saddle Brook NJ				1			Squ n/a	are Feet	# of n/a	Floors	100	Bldg. / n/a	Age	
County (6) Bergen					Code (7) USE ONLY)		Cur n/a	тепt Use (Рі І	ior if bei	ng demolis	hed)			
Name of Monitoring Firm n/a	Hired by Building	Owner (8)		ASCN n/a	M No.			oatement Co vironment						
Street Address n/a						Street 17 C		ess ock Rd						
City, State, Zip Code n/a								Zip Code NY 1198	0					
Project Manager for Mon	itoring Firm			Telepho n/a	ne No.	Telepi 631-		No. 8111		License N	io.			
Start Date (10) 4/23/15		Schedule 4/23/15		npletion	Date (11)	1		SHA Monitor						
Occupancy Status During	g Abatement (Chec	k Only Or	ne)			Street	-							
Facility Closed/Vaca Abatement Perform	ated During Entire F ed Outside of Norm	Period of A	Abatem Hours	nent		n/a City, S	tate,	Zip Code					-	
Other - Describe: _						n/a				(8)				
Scope of Work (Check Al ≥3 sf or ≥3 If ≥160 sf or ≥260 If	II That Apply)		enova emolit				M G	ull Containm lini-Enclosur lovebag Pro on-Exempte	e cedure				e	
Logotion	of		Locati Iormali									Abate Ty	ement pe	t
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Use Mai	d Sole intenar odial S (12)	ly by nce/	(i.e. the	Description Containing Mermal systems surfacing, VA ther miscellan	lateria s insu T, or	lation,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior trea	nchina	res	INO	X X	Ashe	estos Trans	ite F	Pine	60	) LF	x			
					7,000	Trans	,,,,,,	ipo		J L1	^			-
	25						90							
Name of Registered Was	te Hauler		I N.	JDEP W	aste C	ubic Yards		Name of	Degister	ed Landfill				
Veoilia ES Technical			H	auler ID I	333,000	f Waste		Wayne						
City, State 1 Eden Lane, Flande	rs NJ 07863					isposal Date BD		City, Stat Bellevil		8111	-		3:	
Completed by Michael J DiMaria		Title Proj N	/lgr/ S	Site Sup	ov /	Signature	po	ell k	MI	Dat 4/2	e 26/15	i		

NO CK

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

And the second s

Date of Notification (1) 4/16/15	8		Name PSE	of Building Owner	Operator		ZEIS	MAY -4	E r			
Agencies Notified	Type Notification			Address ebro Road			# 58g	ESING LICEN	Fait !	3:	58	
DEP DOL	Initial Amended Amendment			tate, Zip Code n NJ 07012			ć	TICEN	3/1/	G K	01	
DOH DCA	Emergency justification)  Cancellation	50 B		of Contact Sullivan	9			ephone Nu				
			FAC	ILITY INFORMAT	ION							10
Name of Facility Where Intersection of New Street Address			/d ·			Type of Facility  School (K	-12)	er than K-1:	2)			
Intersection of New	ark Ave and Ke	nnedy Blv	⁄d	1840 D.C. 100 D.C. 1		Other (i.e. etc.)	. private	& commerci	al bui			nes,
City (5) Jersey City				0		Square Feet n/a	# o n/a	f Floors		Bldg. n/a	Age	
County (6) Hudson				Code (7)		Current Use (P n/a	rior if bei	ng demolisi	ned)			
Name of Monitoring Firm n/a	Hired by Building	Owner (8)	ASC n/a	M No.		of Abatement C Environmen						
Street Address n/a				<del></del>		Address old Dock Rd						
City, State, Zip Code n/a						State, Zip Code nank NY 1198	30					
Project Manager for Mor	nitoring Firm		Teleph n/a	one No.	0.75.000.000.000	none No. 924-8111		License N 01136	0.			
Start Date (10) 4/15 /15		Scheduled 4/15/15	Completion	Date (11)	13.70.230.0.00	of OSHA Monito e as above	г					120
Occupancy Status Durin	g Abatement (Chec	k Only One)	<u></u>		Street	Address		9-00-				
Facility Closed/Vaci Abatement Perform Other – Describe: 1	ed Outside of Norm	al Facility H	atement ours		n/a City, S	state, Zip Code					_	
		Darricades			n/a							
Scope of Work (Check A	II That Apply)				_	1						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novation nolition		×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				'e	
		ls Lo	cation					6	Ī		ement	t
Location	n of	Nor	mally Solely by	De	scription	of				T	/pe	_
Asbestos-Containing <u>TO BE AB</u> , In Facil (13)	ATED	Mainte Custod (1	enance/ ial Staff? 12)	(i.e. therma surfa			(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Stree	t		X	Asbesto	s Trans	ite Pine	12	5LF	v			
Office				Asbesto	5 Halls	ite i ipe	/ 0	J Z I	^			
								100.0				
Name of Registered Was	te Hauler		NJDEP V	Vaste Cubic	Yards	Name of	Register	ed Landfill				
Veolia ES Technical		15	Hauler ID 20071	No. of Wa	ste 2	Wayne	000000					
City, State 1 Eden Lane Flande	rs NJ 07863			Dispo. 4/17/	sal Date 15	City, Sta Bellevi						
Completed by Michael J DiMaria		Title Proj Mg	r/Site Su	pervisor -	ignature Muq		Mad	Dat 4/1	e 6/15	5		

(K 00591)

	State of NJ	
Notification	of Asbestos	Abatement
Pursuant to	NJAC 8:60	and 12:120

D&S Proj. #: 2015-140						s Abatement and 12:120)	į		1946. 1941. S.	A francisco	<i>*</i>	
Date of Notification (1)	П	Name of Bu	uilding Own	ner/Operator (2	2)		2015	147-4			sur .	
10  4  / 2  7  / 1  5					.,			101-4	AM	1	~	
Agencies Notified   Type Notifica	tion	JUDY TI	1 11 11 11 11 11 11 11 11 11 11 11 11 1	K			£ -	1 1 1 2		7.	UB.	
☐ EPA ☐ Initial							á	LICEN	CON	714	9.7	
DEP Amended			EX AVE	NUE				-15E/4.	3/1/11	- 11(	ĬĹ.	
DOL Amendment #		City, State,										
☐ Emergency (including		_	The state of the s	NJ 07003					J-10-10-10-10-10-10-10-10-10-10-10-10-10-			
justification		ame of Co	ntact				I elephon	e Numbe	r			
DCA Cancellatio	n	JUDY I	TICHENC	)R								
			FAC	ILITY INFORM	MATION	N						
Name of facility where abatement	is taking pla	ace (3)					Type of Facility	4) I (K - 12)	0			
JUDY TICHENOR								apter 8 (C		han k	(-12)	
Street Address							Other	(Private/C	omme		(-12)	
404 ESSEX AVENUE							Square Feet	Homes, e		B	ldg. A	Age.
City (5)	Cour	nty (6)			Cou	inty Code (7)	Oquare i eet	# 011 1001	5	٦	iug. r	·ge
DY OOL CETTY D	P0.	7777			(Sta	ite use only)	Current Use (P	rior if bein	g den	nolish	ed)	
BLOOMFIELD  Name of Monitoring Firm Hired by		SEX		ASCM No.		Name of Abatement	t Contractor (9)					
rame of Montoning Finite linea by	Diag. Own	51 (0)		ASCIVI NO.		34						
Street Address					-	D & S RESTOR	ATION, INC.					
Oli Oct / Idal Oct						20 California A	VA.					
City, State, Zip Code					_	City, State, Zip Code						
						Paterson, NJ 0						
Project Manager for Monitoring Firm	1	Ph	none Numb	er	_	Telephone Number	1505	License	Numb	er		
						973-345-8020		100000000000000000000000000000000000000	1169			
Start Date (10)	IScheo	I. Completion	on Date (1:	1)	_	Name of OSHA Mor	nitor					
8 5		7	o., outo (.	.7		D & S Restorat	ion, Inc.					
05/26/15	05/30				_	Street Address						
Occupancy Status During Abatement Facility closed/vacated during			mont			20 California A						
Abatement performed outside						City, State, Zip Code						
Describe: NORMAL I	OUDS		1900			Dataman NI O	7502					
Scope of Work (check all that appl					$-\bot$	Paterson, NJ 07						
⊠ a. / a. //	**					. H	Full Containment w Mini-enclosure	/negative	press	ure		
	Renovatio					∀	Glovebag procedu	e				
≥160 sf or ≥260 lf	Demolition						Non-Exempted (*)	and Non-	_		edure	}
Location of asbestos-containing		n normally enance/cus							e R	R	E n	E
material (acm) to be	staff(12)			Description material (		sbestos-containing	Amount (Specify S	For	m	р	c	n
abated in facility (13)	Yes	No	N/A	materiary	(AOIVI)		LF)		O V	a	a p	L
BASEMENT				PIPE INSU	II ATI	ON	83 L FT		e	r		
				I	22111	.011	03 E T T		H	뉴	片	ዙ
				1					H	片	H	卄
									H	Ħ	H	H
									Ħ	Ħ	Ħ	市
Registered Waste Hauler D & S RESTORATION, INC.	NJDE 135	EP Hauler I	100000	ubic Yards of \ yd.	Waste	Name of Registered	Landfill RESOURCE RE	COVER	v	_	_	
City, State			Disposal D	The state of the s	-	City, State	KLJOURCE RE	COVER	1	-		-
PATERSON, NJ 07503			05/27/1			TULLYTOWN	, PA					
Completed by (Print or Type)	Title			Signature		1		Date				
BOGDAN JOLDZIC	PRESID							04/27/2	2015			
ASR-41	Do not us	e this form	for ashesto	os licensure ex	emnte	d activities						

D&S Proj. #: 2015-141

#### State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

									00.			)		
Date of Notification	(1)		Name of B	uilding Owr	ner/Operator (2)	)			2015 MAY					
10 14 1/12 17			JEAN L	ASER						4 A/	1 4:	ac		
Agencies Notified	Type Notifica	tion	Street Add						& LICI	ic		₽G.	_	
	Initial Amended		47 O A K	AVENU	F				₫ Liối		ITAL	11		
☐ DEP	Amendment #	. [[	City, State,		L					-14.7/6	0	'		
⊠ DOL	Emergency		====	nj 07076	5									
□ DOH	(including	<del>   </del>	Name of Co		)				Telephon	e Numbe	or .	-	-	-
☐ DCA	justification)								Tolopholi	ic ivallibe	-1			
	Cancellation	n	JEAN I	LASER										
				FAC	ILITY INFORM	ATIO	N							
Name of facility wh	ere abatement	is taking p	lace (3)					П	Type of Facility (	4) I (K - 12	\		17.00	
JEAN LASER									=	apter 8 (0		han l	(-10\	
Street Address								7	Other (	Private/C	Comme		(-12)	
47 OAK AVEN	TUE							11		Homes,		В	ldg. A	vae
City (5)		Cou	ınty (6)			Co	unty Code (7)	- 1	oquaio i ooi	01 1 100	,,,,		iug. /	.go
S 258						(9/039)	ate use only)		Current Use (P	rior if beir	ng den	nolish	ed)	
tenafly Name of Monitoring	Tirm Hisad by		ERGEN			Ц,		$\perp$						
Name of Monitoring	g riiiii mirea by	blag. Owr	ier (8)		ASCM No.		Name of Abatem							
Street Address						_	D & S REST(	ORA	TION, INC.					
Street Address														
City, State, Zip Code	2					_	20 California City, State, Zip Co	-	2.			_		
Oity, Glate, Zip Code							MAN W		0.2					
Project Manager for	Monitorina Firm	1	Īp	hone Numb	ner .	_	Paterson, NJ Telephone Numb		03	License	Niumi	201		
r rojour manager for	Worldon ing 1 in	ž.		none numb	iei		973-345-80				11169			
Start Date (10)		ISaha	d Complet	on Date (1	41	_	Name of OSHA N		or		71107			
W. 35		Scrie	u. Complet	on Date (1	1)		D & S Resto	ration	n, Inc.					
05/13/15			9/15				Street Address							
Occupancy Status D		The state of the s					20 California	Ave	nue					
Abatement pe	/vacated during rformed outside	entire per of normal	facility hou	ement. irs-			City, State, Zip Co	ode						
Describe:						_	D. 377	. 055	0.0					
Other-Describ						-	Paterson, NJ							
Scope of Work (che								=	III Containment w	/negative	press	ure		
10	$\boxtimes$	Renovati	on						ini-enclosure lovebag procedur	-				
≥160 sf or ≥26	60 If	Demolitic	n						on-Exempted (*)		friable	proc	edure	1
Location of				used solely	/				I		R	R	Е	E
asbestos-cont material (acm)		staff(12)	enance/cus	stodiai			sbestos-containing	9	Amount		e m	е	n	n
abated in facil		Yes	No	N/A	material (	ACM)			(Specify S	r or	0	a	a	C
		100	140	IN/A							v e	r	р	-
BASEMENT			X		PIPE INSU	LAT	ION		72 L FT		X			
BASEMENT ABOVE CI	EILING		X		PIPE INSU	LAT	ION -		19 L FT		X			
Registered Waste Ha D & S RESTORA			EP Hauler 506		ubic Yards of V	Vaste				001	X7			
City, State	ALLOHA, HAC.			Disposal D	yd.		City, State	n, K	ESOURCE RE	CUVER	Y	-	-	
PATERSON, NJ	07503			05/14/1:			TULLYTOW	/N P	'A					
Completed by (Print		Title			Signature	_	TOLLITON	11,1		Date				
BOGDAN JOLD		PRESID	DENT							04/27/	15			
ASR-41		Do not us	se this form	for asbesto	s licensure exe	empte	d activities.							

CK# 24797

Date of Notification (1)	/1/15			Name	of Buildin	ng Ow	ner/Operator	10.00	ı F					
Agencies Notified	Type Notifi	nation		Stroo	t Address			Bremer				Ditte		
□ EPA	Initial				t Address		34	4 Heyers Mil	ll Rd.					- 4
□ DEP	Amende	nent#	_	City, S	State, Zip (	Code	Col	ts Neck, NJ	07722					
<b>⊠</b> DOH	justifica	ncy (includin ition)	9	Name	of Contac	ct		115 1 (OOK, 1 \)		none Numb	per			_
□ DCA	☐ Cancella	ation		2000			a Bremer		1 10.00			_		
				FA	CILITY INF	FORM	IATION							
Name of Facility Where	Abatement is	Taking Plac	e (3)					Type of Facility	y (4)					
		Residenti	ial					School (K-1						
Street Address		E Talka						Subchapter Other (i.e.,	8 (Other	than K-12	2)	dinac		
2	34 I	Ieyers M	ill Ro	1				homes, etc	.)	COMMERCIA	ai buli	ulligs	1	
City (5)	Colta	Neck, N.	1 077	22				Square Feet 3500	# of I	Floors	В	dg. A		
County (6)	Cons	IVECK, IV.	0//		nty Code (	7) /9	TATE	Current Use (P	rior if hair	2	- hod/	150	)+/-	_
5.00 (0	nmouth			USE	ONLY)	1) (0		Current Ose (F	noi ii bei	ng demons	ileu)			
Name of Monitoring Firm		T		ASCM	No.	Na		nent Contractor (	20.5					_
	nvironme	ntal				_		ens Environ	mental	Service	es, Ir	ıc.		
Street Address	4 Berkel	v Place				Str	eet Address	PO I	Box 32	2.				
City, State, Zip Code	-9 39 5395.5 3					City	, State, Zip C	ode						_
	reehold, l	NJ 07728	DC			_		Allentow						_
Project Manager for Mon	onocore		10000000	phone	No. 0-8408	Tel	ephone No. (609) 25	0 0600	Licer	nse No.	040	,		
Start Date (10)	onocore	Scheduled (	1			Na.	ne of OSHA N				0493	)		_
5/11/15			5/14/		ite (11)	Ivai	ne or osi iA i	DB Env	ironme	ental				
Occupancy Status Durin	ng Abatement					Str	eet Address							_
▼ Facility Closed/Vacate						_		4 Berk	cely Pla	ace				_
☐ Abatement Performer ☐ Other - Describe:			ty Hou	rs	1	City	, State, Zip C							
		111						Freehold	1, NJ 0	7728				
Scope of Work (Check a  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	ан тпат арріу)		enovati emolitic				☐ Mini-End	ntainment with Ne closure ag Procedure empted (*) and No			·e			
		100000	Locatio								A	bate		
Location	of		lormally d Solel			[	Description of					Тур	e	
Asbestos-Containing N TO BE ABA			ntenan ustodia		Asbest	tos C	ontaining Matenal systems in	erial (ACM)	Amo (Spe	ount	1		ш	m
IN Facility			Staff?		(i.e.,	sui	facing, VAT,	or	SF o		Removal	Repair	ıcap	nclo
(13)			(12)			othe	r miscellaneo	ous)			oval	air	Encapsulate	Enclosure
		Yes	No	N/A									te	(D
Baseme			×	-			al Pipe Ins		80	) lf	X			
Crawl St			×		Th	erm	al Pipe Ins	sulation		0 lf	X			
Crawl Sp	ace		×			As	bestos De	bris	15	sf	X			
Name of Desistered W	ete Llevil		1.	LIDED:		0 '	i- VI							
Name of Registered Was		vices Inc	L 1	IJDEP \ lauler ID	0.000.000.00000000000000000000000000000		oic Yards Vaste 2 CU	Name of Regi		indfill WS Lan	dfi11			
City, State		.1000, 1110	<u>-   -</u>	102	272	Dist	osal Date	,City, Staté	TONO	NO Dall	uiill			-
	Allentov	vn, NJ			-		5/8/15 /	M	Morr	isville,	PA			
Completed By		Title					Signature//	1/		Date				=
Mahlon E. Ste	evens	P1	roject	Mar	ager		11/				5/1	15		_

(100		NOT		ATIO	N OF AS	BESTOS ABA AC 8:60 and 5:1				Zha		e de la companya della companya della companya de la companya della companya dell	
Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator	(2)	18:21	Le e			-	
4/28	/1	5		St	Luke's l	-lospital			eff -		2.4	1	
	otification	1		Stree	t Address			4				4.	91
☑ EPA   ☐ Initia     ☑ DOLWD   ☑ Ame				18	5 Rosebe	erry St.							
	ended endment #	2		City,	State, Zip	Code		22			4 -		2.5
☐ DCA ☐ Eme	ergency (i	_	g			g, NJ 08865							
	fication)				e of Contac	t		Telephone I	Number				
LI Can	cellation			Te	d Ruhf								
				FA	CILITY I	NFORMATION							
Name of Facility Where Abatemer	nt is Takir	ng Plac	e (3)				Type of Facility (4						
St. Luke's Hospital Street Address							☐ School (K-12) ☐ Subchapter 8	(04545	IC 40)				
185 Roseberry St.							Other (i.e., pri	ivate and cor	nmercial	bui	ldina	s	
City (5)							homes, etc.)				3	,	
Phillipsburg, NJ 08865							Square Feet 100,000+	# of Floors			g. Ag	e	
County (6)				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pric	or if being der	molished	)			
Warren							Hospital			Š.			
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Criterion Laboratories				NA		Alliance Env	ironmental Syst	tems					
Street Address						Street Address							
3370 Progress Dr., Ste. J City, State, Zip Code						550 East Uni	20 C C C C C C C C C C C C C C C C C C C						
Bensalem, PA 19020						City, State, Zip Co							
Project Manager for Monitoring Fir			TEL			West Cheste	r, PA 19382						
Mike Panepresso	111		1	ephone		Telephone No.		License No	٥.				
Start Date (10)	Sche	dulad C	1670		I-1300 ate (11)	610-701-9000		00508					
_4_ / _13 / 15					15	Name of OSHA M	lonitor						
Occupancy Status During Abateme						(							
☐ Facility Closed/Vacated During				ment		Street Address							
Abatement Performed Outside	of Norma	I Facilit	v Hou	rs - Des	scribe	28 N. Pennel							
Time of Abatement: 7:00AM	PM	3;30P	M	AM		City, State, Zip Co Media, PA 19							
Scope of Work (Check all that appl	iy)												
≥3 sf or ≥3 lf			enovat				ainment with Nega	tive Pressure	Э				
≥160 sf or ≥260 If		☐ De	emolitic	on			Procedure						
		le	Locat	ion	1	∐ Non-Exer	mpted (*) and Non-	-Friable Proc	edure				
Location of		1	Vorma	lly		Description of			A	bat	emer	nt Ty	/pe
Asbestos-Containing Material (	ACM)		ed Sole intena		Asbe	stos Containing Mai	terial (ACM)	Amount	Z e	1.	Repair	Ē	回
TO BE ABATED IN Facility			todial		(i.e	., thermal systems i surfacing, VAT,	nsulation,	(Specify			oair	Sabs	Enclosure
(13)			(12)	_	-	other miscellaned		SF or LF)	<u> </u>			Encapsulate	ure
Ground Floor		Yes	No	N/A	Din - F:4	41					1	e e	
Ground Floor	+				Pipe Fit			15 EA					
1 <sup>st</sup> Floor					Duct Ins			1300		] [			
1 11001	-				Pipe Ins	sulation		37 LF					
Name of Decide 1100		Ш	Ш										
Name of Registered Waste Hauler David Geppert Recycling			10000	JDEP V auler ID		Cubic Yards of	Name of Registe						
		100000000000000000000000000000000000000	_   ''	autot IL	140.	Waste 40	Western Ber	ks Commu	inity La	ndi	fill		
City, State						Disposal Date	City, State						-
Hatfield, PA						TBD	Birdsboro, P	PA.					
Completed By (Print or Type)	Title					Signature	AAA		Date	7	_	1	
Mark Griffin	E	stimat	or				#111		41	0	0	/	15
ISB-41 MAY 11	* [	Do not	use th	is form	for asbesto	os licensure exempt	ed activities.		1/	Salar Sa	1	1	~

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Name	of Buildin	g Owner/Operator (	2)					
/ /	15			DP	MC		FEAT -4 1	/ Job #1503-19 /4: ብር	72 C	hk. #	3948	3
Agencies Notified Type Noti	ication				t Address	fr 5		4.40			494	112-117
☑ EPA ☑ Initial				20	West Sta	te Street, 3rd Flo	or	2.7				
☑ DOLWD ☐ Amend				City, S	State, Zip (	Code	* 415 F 9 F 1	21144				
☑ DHSS   Amend     ☐ DCA   ☐ Emerg	ment #_	100		Tre	nton, NJ	08625						
(NJAC 5:23-8) justific		Gluding	3	Name	of Contac	t		Telephone Numi	per			
☐ Cance				Do	n Juecht	er						
	224			FA	CILITY IN	FORMATION		1				
Name of Facility Where Abatement	s Taking	Place	(3)				Type of Facility	(4)				
CRRNJ Terminal Bulding, Li	perty S	tate F	ark				School (K-12	2)				
Street Address	-							8 (Other than K-12				
1 Audry Zapp Drive							homes, etc.)	rivate and commer	cial bi	ıilding	JS,	
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
Jersey City							58	1		200		
County (6)				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
Hudson							Vacant					
Name of Monitoring Firm Hired by B	uilding C	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
USA Environmental Mgmt, Ir							d Mold Service					
Street Address	100 (11)					Street Address		.с, сс.р.				
344 West State Street						3859 Sylon B	loulevard					
City, State, Zip Code						City, State, Zip Co			<u> </u>			
Trenton, NJ 08618						Hainesport, N						
Project Manager for Monitoring Firm			Tele	phone	No	Telephone No.	10 00000	License No.				
John Duggan				09.656		609-702-0400	1	00862				
Start Date (10)	Sched	uled C			ite (11)	Name of OSHA M		00002				_
5 /13 /15					15	EMSL Analyt						
Occupancy Status During Abatemen	t (Check	only	one)			Street Address						
☐ Facility Closed/Vacated During E				ment		200 U.S. Rou	te 130 North					
☐ Abatement Performed Outside of					scribe	City, State, Zip Co						
Time of Abatement:AM	PN	Λ/	_PM	-	AM	Cinnaminson						
Scope of Work (Check all that apply				-		П Б.:// Conf	rainmant with No.					
☐ ≥3 sf or ≥3 lf		⊠ Re	novat	ion		☐ Mini-Enc	tainment with Neg losure	gative Pressure				
≥160 sf or ≥260 lf		☐ De	moliti	on		☐ Glovebag	g Procedure					
					Т		mpted (*) and No	n-Friable Procedu	е			
1		1000	Loca: Vorma						Ab	atem	ent T	ype
Location of Asbestos-Containing Material (A	(M)		d Sole		Ashe	Description o stos Containing Ma		Amount	Re	Re	En	田田
TO BE ABATED	J,		intena			., thermal systems		(Specify	Removal	Repair	cap	clos
IN Facility		Cus	todiai (12)	Staff?	30	surfacing, VAT,		SF or LF)	val	3.	Encapsulate	Enclosure
(13)	8	Yes	No	N/A		other miscellane	ous)				ate	
Rooms 105, 106, 106A		П	П		Interior	Asbestos Flash	ina	384 LF				П
, ,			=	1_			9	00+ 21				
	-	Ц_	Ш								Ш	Ш
Name of Registered Waste Hauler			I	JDEP'	Waste	Cubic Yards of	Name of Regis	tered Landfill				
Freehold Cartage, Inc.			H	lauler II		Waste	GROWS La					
City, State				0226	)	5 Disposal Date	City, State					
Freehold, NJ						5/20/15		, PA 19067				
Completed By (Print or Type)	Title					1 2 0	Montaville	·	4-			
Kimberly A. Trumbetti	1000000		200=	dinato	-	Signature		Da i	te  -30	1.10	_	
ASR 41	0	11106	30010	inato		19XIX			1 1	1-15	!	

ASB-41 MAY 11

\* Do not use this form for asbestos licensure exempted activities.

EDS15-082

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Page 1 of 1

Check #1455

Date of Notification (1) 4-29-2015				Building (				EER	KA		F	1,00		
Agencies Notified Type Notification  EPA Initial		1 8	Street Ad 2175 L	ddress .emoine	Avenu	ne		435	-		57.0	5.	)	
DEP Amended Amendment				te, Zip Co ee, NJ	de			Ğ	1		11	01		
Emergency (i justification)  DCA  Emergency (i justification)  Cancellation	nciuaing	1.2		Contact eNichilo	)				Tele	ephone N	umber			
	51 (6)		FACI	LITY INFO	RMATI	ON	_	7 - W 70						
Name of Facility Where Abatement is Taking LEWIS F. COLE MIDDLE SCHOOL							×	of Facility (4) School (K-12)	)		40)			
Street Address 467 STILLWELL AVENUE								Subchapter 8 Other (i.e. pri etc.)				ilding	s, hom	nes,
City (5) FORT LEE							Squar 40,0	re Feet 00 +	# of 1	Floors		Bldg. 50+	Age	
County (6) Bergen				Code (7) JSE ONLY)	·,	_	Curre	nt Use (Prior ool	if beir	ng demoli	ished)			
Name of Monitoring Firm Hired by Building C Westchester Environmental	wner (8)		ASCN 0012				of Abar	tement Contr	actor	(9)				
Street Address 307 North Walnut Street						Street 1		ss urg Tpke						
City, State, Zip Code West Chester, PA 19380			i					p Code lale, NJ 07	403					
Project Manager for Monitoring Firm Paul F. McCaa			elephor	ne No. 1-7545		Teleph (201)				License 01084	No.			
Start Date (10) 5-22-2015 at 3:30 pm	Scheduled 5-26-201		pletion [	Date (11)		Name of		IA Monitor						
Occupancy Status During Abatement (Check	Only One)	100 m				Street	•							
			ent			140 F	lamb	urg Tpke					(5)	
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:					_	100000000000000000000000000000000000000		p Code lale, NJ 07	403				12	
Scope of Work (Check All That Apply)						Agricontinue	-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	CONTRACTOR OF THE PARTY OF THE	novati				×	Min Glo	Containmen i-Enclosure vebag Proce n-Exempted (	dure				ıro	
	T			,		- Company	1401	-Exempted (	) and	I IVOIT-I III	able 1 1	and the second	temen	nt
Location of		ocatio rmally			Do	scription	of						ype	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		enan	ce/		os Cont thermal surfa	scription taining M systems cing, VA niscellan	aterial insula T, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Media Center		X	IN/A	Car	pet, FI	oor Tile	e, Ma	stic	1,9	50 SF	X	+	1 200	$\vdash$
						181			1006.00	**************************************	1000	1	-	$\vdash$
**		9.1		2 4										
Name of Registered Waste Hauler		133.50	DEP W		Cubic of Was			Name of Re		red Landf	fill			
GL Group, Inc			33034		TBD	310		GROWS						
City, State Bloomingdale, NJ	ì				Dispos TBD	sal Date		City, State Morrisville	e, PA	4				
Completed by Elena Solakov	Title Preside	ent		=	S	ignature	E	Peru Ste	Mor		ate 1-29-2	015		

### State of New Jersey

							to NJAC				Т		Maria a	· / I	8 15-2		
11/2/2019	te of Notification (1) 29/15						f Building -fil-A, In		Operato	or (2)		都	Fau		-	*	
Ag	encies Notified EPA	Type Notific	cation			Street A 5200 B	ddress Buffingt	on Roa	ıd		å	45.5	4	1.5	Ĵ.	59	
×	DEP DOL	X Amen Amen	dment		_		ate, Zip C a, GA 3					Ğ	LICEN	÷ 1	į de	1	
B	DOH DCA	justific	gency cation) ellation		'		f Contact McAllist					Te	lenhone Nur				
						FACI	LITY INF	ORMAT	ION			-					
Na Fu	me of Facility Where a uture Chick-fil-A F	Abatement is Restaurant	Takin (Pets	g Place ( & Thir	3) ngs)	.,,,,,		Ordina (		Тур	e of Facility (						
773,050	eet Address )40 US Highway	1 N								×	Subchapter	8 (Oth	er than K-12 & commerci		dings	, hom	es,
	y (5) oodbridge										uare Feet	# 0	f Floors 1.5	E	3ldg. / 50+	Age	
	unty (6) iddlesex						Code (7) USE ONLY	0			rent Use (Pri rmer Ware			ned)			
	me of Monitoring Firm annuzzi Environm				)	ASCN	/ No.				oatement Cor i Environm			Inc.			
	eet Address 35 Kinnelon Road								00,00	t Addr	ess elon Road						
	y, State, Zip Code nnelon, NJ 0740	5									Zip Code , NJ 0740	5					
	oject Manager for Mon Shn Mucha	itoring Firm				Telepho	ne No. 18-0880	)		hone -218-	No. -0880		License N 01228	0.			
	nrt Date (10) 14/15			Schedul 6/30/1		npletion	Date (11)			2000 -	SHA Monitor i Environm	ental	Services	Inc			
Occ	cupancy Status During	Abatement	(Chec	k Only O	ne)					t Addr							-
×	Facility Closed/Vaca Abatement Perform	ated During E	Entire F	Period of	Abaten	nent			135	Kinn	elon Road						
E Social	Other - Describe: _			iai i aciiit	y i louis	•			10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		Zip Code , NJ 0740	5					
500	ope of Work (Check A	II That Apply)	)														
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			-	Renova Demolit	200000000000000000000000000000000000000				- N	ull Containme lini-Enclosure llovebag Prod on-Exempted	e cedure					
				Τ.		escontro.					OII-Exempled	( ) all	u Non-i nab	T	1 an 2 C	emeni	
	1	-6		- 85	Locati Normal	97000										ре	
	Location Asbestos-Containing		(M)	Use	ed Sole	ly by	Ashes		scriptio		al (ACM)	Δ	mount			-	
	TO BE ABA	ATED	/		intenai todial S			thermal	system	ins insu	lation,	(8	Specify	R	71	Enc	四
	In Facili (13)	ty		Ous	(12)	Main:		surface other n	cing, V			SF	or LF)	Remova	Repair	aps	Enclosure
	(13)			Yes	No	N/A		othern	nisceila	neous	)			val	air	Encapsulate	ure
	Area beneath co	ncrete sla	b			x	G	ray Tra	nsite	Sidin	g &	44	2 CY	x			
	,							Contar	minate	ed Sc	oil						
No	no of Donistand 141	to Havi-			L	IDES											
	ne of Registered Was nnuzzi Group, Inc				Н	JDEP W auler ID 7467		of Was	ste		Name of I	≺egiste	red Landfill				
100000	r, State nelon, NJ							Dispos	al Date	9	City, State		Δ				

Completed by

Anna Bastos

Date

4/29/15

Signature

Administrative Assistant

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

				(1-	ui Suai	IL LO NUA	4C 6.00 and 5. I	5)	For the form	i re-			
Date of Notification (1)					Name	of Buildin	g Owner/Operator (	2)	The state of the s	TILL			
04 /	27 /	15			Par	rsippany	g Owner/Operator ( Troy Hills Board	of Education	EMEN				
Agencies Notified	Type Notific	ation			Stree	t Address		CEL	PAY-4 /	H 3: 5	57		
							any, Road						
	☐ Amende	Ā				State, Zip C	52	15 44	* \$ 103 C	JHTRI	1		
⊠ DOH	Amendm	-					NJ 07054		&ESTOS CI & LICENS	ING	) L		
□ DCA (NJAC 5:23-8)	☐ Emergen justificati		luding			of Contac			Telephone Nu				
The second contract of	☐ Cancella				0.000	n Gaveg	2		1 Grophishe 140	modi			
							FORMATION						-3/25
Name of Facility Where Ab	atoment is	Takina	Diana	(2)	гА	CILITY	NFORMATION	Type of Facility	///				
Northvail School	atement is	aking	Flace	(3)				Type of Facility  ☐ School (K-12)					
Street Address								Subchapter 8		12)			
10 Eileen Court								Other (i.e., p	rivate and comm		ilding	s,	
								homes, etc.)	2				
City (5) Parsippany, NJ								Square Feet	# of Floors	BI	dg. Ag	ge	
County (6)					Cour	atu Cada /7	)(STATE USE ONLY)	0 111 /0	2	P 1 P			
Morris					Coul	ity Code (/	)(STATE USE ONLY)	Current Use (Pri	ior it being demo	olished)			
	lizad by Dull	din a O		0)	A C C M	M-	Nimm - of About						
Name of Monitoring Firm H Whitman	illed by bull	aing O	wner (	(0)	ASCM 010		Name of Abateme						
Street Address					010	U		IIIC.					
7 Pleasant Hill Road							Street Address  27 West Stre	<b>-</b> *					
City, State, Zip Code													
cranbury, NJ 08512							City, State, Zip Co						
Project Manager for Monito	ring Eirm			Tal	ephone	No	Bloomfield, No.	4) 07003	I i a a a a a Ma				
Kevin Lovely	ning riiiii			700		44-5418	(973) 680-008	20	License No.				
Start Date (10)		Schedu	ıled C		etion Da		Name of OSHA M	1000	337				
05 / 16 /					6 /		Name of Ool A W	OTILO					
				327			0						
Occupancy Status During A  Facility Closed/Vacated			18	100	mont		Street Address				9		
☐ Abatement Performed C						cribe	C't - Ct-t - 7' - C	312					
Time of Abatement:							City, State, Zip Co	ode					
Scope of Work (Check all to	hat apply)												
	пасарргу)						☐ Full Cont	ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf     ≥100 sf == >200 lf			Re				☐ Mini-Enc	osure					
≥160 sf or ≥260 lf			☐ De	moliti	on		☐ Glovebag  Non-Exe	g Procedure mpted (*) and No	n-Eriable Proced	dure			
			ls	Loca	tion	Ī		mptod ( ) dina ito			ateme	ant Ty	vne.
Location of				Vorma	00 10 00 mm or		Description o	f		9220			
Asbestos-Containing M		1)			ely by ance/		stos Containing Ma		Amount	l cem	Repair	nca	ncl
TO BE ABAT IN Facility					Staff?	(i.e	<ul> <li>thermal systems is surfacing, VAT,</li> </ul>		(Specify SF or LF)	Removal	¥	ısdı	Enclosure
(13)		1		(12)			other miscellane		0. 0. 2. /	-		Encapsulate	ē
			Yes	No	N/A								
boiler room			$\boxtimes$			gasket			8 If	$\boxtimes$			
			П	П	П				1			П	
				1	1								
			Ш								Ш		
								7.00.00					
Name of Registered Waste	Hauler			1.75	VJDEP V		Cubic Yards of	Name of Regis	tered Landfill				
Pow/R/Save				H	lauler II 17132		Waste	Grand Cen	tral or Tullytv	von			
City, State					11132		Disposal Date	City, State					
Bloomfield, NJ									PA or Tullyto	wn, PA		,	
Completed By (Print or Typ	e)	Title					Signature	- //		Date /	-/		
Sharon Hendee	4		c/trea	as				S11/1	1.	11/2	/.	, –	_
ASR-41		1		-				1/140	11	7/27	11)	7	

JAN 13

\* Do not use this form for asbestos licensure exempted activities.

(K005975

D&S Proj. #: 2015-139

#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

									Chi Lin					
Date of Notification (1)	I			A DICTION THE PROPERTY.	er/Operator (2)	)		2	-	4 4	3 5	,		
Agencies Notified   Type Noti			CLA1 t Addre					_	91		, ,	-		
☐ EPA ☐ Initial														
DEP Amende				TERRA(	E						18			
□ DOL Amendmer				ip Code										
DOH Emerger		1	STREET, SQUARE,		LL, NJ 0700	6			TT : :				-	
justificat		IName	of Con	tact					l elepho	ne Numb	er			
☐ DCA ☐ Cancella	ation	EI	CLA	NCY										
				FAC	LITY INFORM	IOITA	l							
Name of facility where abateme	ent is taking	g place (	(3)					Т	ype of Facility					
ED CLANCY										ol (K - 12				
Street Address										napter 8 ( (Private/			-12)	
Oli oci Address										/Homes,		rciai		
3 PARK TERRACE									Square Feet	# of Floo	ors	BI	dg. A	ge
City (5)		County (	6)				inty Code (7)	_						
WEGE OAT DUET						(Sta	te use only)		Current Use (F	rior if bei	ng dem	olish	ed)	
WEST CALDWELL  Name of Monitoring Firm Hired	_	essex	`		1001111	L.,	I Niama of Abataman	<u> </u>	atus atou (O)					
Name of Morntoning Firm Hired	by blug. C	wher (o	)	- 1	ASCM No.		Name of Abatement							
Otro et A deles						_	D & S RESTOR Street Address	AT	ION, INC.					
Street Address														
City, State, Zip Code						_	20 California A City, State, Zip Code	_						
Oity, State, Zip Code									2					
Project Manager for Monitoring	Eirm		Dh	one Numb	^*	_	Paterson, NJ 0' Telephone Number	/50.	3	Hisans	e Numb	-		_
r roject warager for wormorning	CHIII			one Numb	el		973-345-8020	)		100000000000000000000000000000000000000	31169	er		
							Name of OSHA Mor				31107		_	
Start Date (10)	So	ched. Co	mpletio	n Date (11	)		D & S Restorat							
05/08/15	0.5	5/29/15					Street Address							
Occupancy Status During Abate							20 California A	ven	ue					
Facility closed/vacated du							City, State, Zip Code	9						
Abatement performed out:  Describe:			ity hour	S-			- Tel.							
Other-Describe: NORMA	AL HOURS					_	Paterson, NJ 07	750	3					
Scope of Work (check all that a	apply)							Full	Containment v	w/negativ	e press	ure		
$\ge 3$ sf or $>3$ If		ation						200000000	i-enclosure					
≥160 sf or ≥260 lf	☐ Demo	lition					Ä		vebag procedun- n-Exempted (*)		-friable	nroce	dur	r.
Location of				sed solely	1			. 40		and NOI	R	R	E	
asbestos-containing	by ma staff(	aintenan	ce/cust	odial	Description	on of a	sbestos-containing		Amount		e m	e	n	E n
material (acm) to be abated in facility (13)			1200000		material (	ACM)			(Specify S	SF or	0	a	c a	С
abated in radiity (10)	Yes		No	N/A							v e	i	р	L
BASEMENT			X		PIPE INSU	LAT	ON		120 L FT		×			
						Eureb		SACTION OF						靣
Registered Waste Hauler D & S RESTORATION, IN	IC.	JDEP F 13506	lauler II		ubic Yards of \ yds.	Vaste	Name of Registered			ECOVE	RY			
City, State			][	Disposal D			City, State						and the latest and th	
PATERSON, NJ 07503			11	05/12/1	5		TULLYTOWN	, P/	A	3.7/5				
Completed by (Print or Type)	Title				Signature					Date	N D			
BOGDAN JOLDZIC	PRES	SIDEN'	Γ							04/27	/ 2015			

D&S Proj. #: 2015-138

#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

									2865 124 1 A					
Date of Notification (1)		Name of	Building Ow	vner	Operator (2)				141.	4 75				
0 4 /12 7 /11 5	7	stan ar	nd mary fee	eley	,			Salate	ALK	24, 7	3-	71.		
Agencies Notified Type Notified Initial	tification	Street Ad	ddress						A I I					
DEP Amend	ed	-	an houton a	2017/01/20	nue				1 1 14		0	1		
Amendme	ent #:	City, Sta	te, Zip Code	)										
DOL Emerge		CHA	THAM TW	VP.,	NJ 07928									
DOH (includi		Name of	Contact						Telephone	Number				
☐ DCA ☐ Cancel	00.000	Nanc	y Cook						I					
			FA	CIL	ITY INFORM	ATION	I							
Name of facility where abaten	nent is takir	ng place (3)							Type of Facility (4					- 11
stan and mary factor									=	(K - 12)				
stan and mary feeley Street Address				_				-	Transport of the second	apter 8 (O			-12)	
Street Address										Private/Co Homes, e		rciai		
122 van houton avenue									Square Feet	# of Floor	s	Bl	dg. A	ge
City (5)		County (6)				85333.5	nty Code (7)							
CIIA TIIA MA TYMD		MORRIS				(Sta	te use only)		Current Use (Pr	or if bein	g dem	olishe	ed)	
CHATHAM TWP.  Name of Monitoring Firm Hire				_	ASCM No.	<u> </u>	Name of Abater	ment (	Contractor (9)					
Traine of Montoning Finn Fino	a by blag.	J.W.101 (0)		1	AGOINI NO.				535					
Street Address				_L_		-	Street Address	UKA	ATION, INC.					
Choolinadiooo							20 Californ	ia A v	7e					
City, State, Zip Code						-	City, State, Zip C	-						True de
							Paterson, N	JJ 07:	503					
Project Manager for Monitoring	Firm		Phone Num	nber	•	-	Telephone Num			License	Numb	er		
							973-345-8	3020		0	1169			
Start Date (10)	[S	ched. Comp	letion Date (	(11)		_	Name of OSHA							
04/30/15		05/20/15					D & S Rest Street Address	oratio	on, Inc.					
Occupancy Status During Abat			)			-								
Facility closed/vacated d	And Anti-terrorism Management		,				20 Californi City, State, Zip (		enue					
Abatement performed ou							Oity, Otato, Zip (	Jouc						
Describe:NORM	AL HOURS	,				_	Paterson, N	JJ 07:	503					
Scope of Work (check all that		20-11-11-11						П	Full Containment w	negative	press	ure		
$\boxtimes$ >3 sf or >3 lf	Reno	ovation							Mini-enclosure		•			
≥160 sf or ≥260 lf	☐ Demo	olition							Glovebag procedure Non-Exempted (*)		friabla			
Location of	Is loc	cation norma	ally used sole	ely					Tvori-Exempled ( ) a	IIIG IVOIT	R	R	E	T
asbestos-containing	by m	naintenance/	custodial		Description	on of a	sbestos-containi	ng	Amount		e m	e	n	E n
material (acm) to be abated in facility (13)	1		1	-1	material (	(ACM)			(Specify SI LF)	- or	0	a	c a	C L
, , , , ,	Ye	s No	N/A								e	i r	р	-
BASEMENT					DUCT INS	ULA'	ΓΙΟΝ		100 sq ft		X			
								-						
						-								
Registered Waste Hauler D & S RESTORATION, I	NC.	NJDEP Hau 13506	ler ID#	Cut	oic Yards of \	/vaste	Name of Regis		Landfill RESOURCE RE	COVER	Y			
City, State			Disposal				City, State	,,,,,	LEGO ORCE RE	CO TEN				
PATERSON, NJ 07503			05/01/				TULLYTO	WN,	PA		1	-		
Completed by (Print or Type)	Title			T	Signature					Date				
BOGDAN JOLDZIC		ESIDENT		_L						04/27/	2015			
ASB-41	* Do n	ot use this fo	orm for asbes	stos	licensure ex	empte	activities.							

Date of Notification (1)  4 / 29	) /	15		120000000000000000000000000000000000000		g Owner/Operator ( ernational Casir	2) ios /Job#1:	504-4900 Check	c #71	84	ê	
	pe Notification				t Address		1000111	2012/14/21/201	f.to	3: 3		
	Initial			113	33 Board	walk	1				C:	
☑ DOLWD □	Amended				State, Zip (				4.1	570	1	-
☑ DHSS	Amendmen		_	1000		y, NJ 08401-7329	i .				L	
	Emergency		g		of Contac			Telephone Numb			_	_
(NJAC 5:23-8)	justification Cancellation	5		410000	tthew Sn			Telephone Numb	)CI			
				FA	CILITY IN	FORMATION		.1				
Name of Facility Where Abate	ement is Tak	king Plac	e (3)	103.0			Type of Facility	(4)			_	
Resorts Hotel & Casin			D-028-03-6-X				School (K-12					
Street Address								(Other than K-12)				
1133 Boardwalk							homes, etc.)	rivate and commerc	cial bu	ilding	s,	
City (5)							Square Feet	# of Floors	Blo	dg. A	ae.	_
Atlantic City									5.,	-g. / \	,	
County (6)			7/11	Cour	ntv Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	hed)	~=		
Atlantic					•		Hotel & Cas			200	9	
Name of Monitoring Firm Hire	ed by Buildin	g Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	2				
Health & Safety Service			.			AbateTech, I		per- C		NA NA	8	
Street Address						Street Address			+	-	, š	- 1
PO Box 365						30 Maple Ave	. PO Box 25	#2 ,e.	0		20.00	eta.
City, State, Zip Code						City, State, Zip Co		2 2				<u> </u>
Berlin, NJ 08009						Lumberton, N		£ 3	- 1	ب	±	
Project Manager for Monitorin	na Firm		Tele	phone	No.	Telephone No.		License No.	, ,		- 1	_
James Proctor	.3		1	56-452		609-265-2107		00529	- (	1.3		
Start Date (10)	Sch	neduled (	Comple	tion Da	te (11)	Name of OSHA M			_			_
5/12/1	257	5				EMSL Analyt	ical					
Occupancy Status During Aba	atement (Ch	eck only	one)			Street Address						
☐ Facility Closed/Vacated D	uring Entire I	Period of	Abate	ment		200 Route 13	0 North					
☐ Abatement Performed Out						City, State, Zip Co	ode					
Time of Abatement:	_AM	_PM/	PM		AM	Cinnaminson						
Scope of Work (Check all that	t apply)						*					
≥3 sf or >3 If		⊠ n.					ainment with Neg	ative Pressure				
□ ≥160 sf or ≥260 lf			enovati									
								n-Friable Procedure	9			
		10.00	s Locat						Aba	ateme	ent T	уре
Location of	rial (A ONA)		Norma ed Sole		A = h =	Description o			R	Z.	Щ	Ш
Asbestos-Containing Mate		Ma	aintena	nce/		stos Containing Ma ., thermal systems i		Amount (Specify	Removal	Repair	car	Enclosure
IN Facility	The state of the s	Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	val	-	Encapsulate	sure
		(4)	T	N/A		other miscellane	ous)			-	ate	10
(13)		Voc	No									
		Yes	No	100000000000000000000000000000000000000	Ding Inc	lotion		440.15				
		Yes			Pipe Ins	sulation		140 LF				_
(13) Meeting Room		200	The street	100000000000000000000000000000000000000	Pipe Ins	sulation		140 LF				
		200			Pipe Ins	sulation		140 LF				
		200			Pipe Ins	sulation		140 LF				
Meeting Room	auler	200		D DEP V	Vaste	Cubic Yards of	Name of Regist					
Meeting Room	auler	200		JDEP Vauler II	Vaste	Cubic Yards of Waste	Name of Regist	ered Landfill				
Meeting Room  Name of Registered Waste Ha	auler	200		D DEP V	Vaste	Cubic Yards of	G.R.O.W.S.	ered Landfill				
Meeting Room  Name of Registered Waste Ha	auler	200		JDEP Vauler II	Vaste	Cubic Yards of Waste 4		ered Landfill Landfill				
Meeting Room  Name of Registered Waste Ha AbateTech, Inc.  City, State Lumberton, NJ		200		JDEP Vauler II	Vaste	Cubic Yards of Waste 4 Disposal Date 5/15/15	G.R.O.W.S. City, State	ered Landfill Landfill				
Meeting Room  Name of Registered Waste Ha AbateTech, Inc.  City, State				JDEP Vauler IE	Vaste ) No.	Cubic Yards of Waste 4 Disposal Date	G.R.O.W.S. City, State	ered Landfill Landfill				

Print Form

Ang 2	- Person						
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Date of Notification (1)			Name	e of Building O	wner/Onerate	7 (2)	The bin	W 11-4	- 1.7		
4-28-2015			247	-249 Newar	k Avenue,	LLC	10 1-4	Au.			
	tification			t Address 10th Street		\$	15 MAY -4	1417 ]	: 36		
DEP Am	al ended			State, Zip Cod			81121	UVTI	in		
Fm	endment # ergency (includ	ing	Jers	ey City, NJ	07302		71 F.	145	UL		
UOH   just	ification)	iiig		of Contact			Telenhor	ne Numb	er		
			-	ald Eglentov							
Name of Facility Where Abatement Commercial	is Taking Plac	e (3)	ГА	CILITY INFOR	RMATION	Type of Facilit	v (4)				
Street Address						School (K	520 5305				
247-249 Newark Avenue						Subchapt	er 8 (Other tha	in K-12)			
City (5)						Other (i.e etc.)	. private & com	mercial b	ouildin	gs, ho	mes
Jersey City, NJ 07302						Square Feet 2600	# of Floor	rs		. Age	
County (6) Hudson			County	y Code (7)		Current Use (F	3 Prior if bains do		70+		
100000000000000000000000000000000000000			(STATE	EUSE ONLY)		ouncil ose (F	nor it being de	molished	)		
Name of Monitoring Firm Hired by E	Building Owner	(8)	ASC	CM No.	Name	of Abatement C	ontractor (9)				
Street Address						n Environme	ntal Service	s, LLC			
				v	// BESSET AND A SECOND ASSESSMENT AND A SECOND ASSESSMENT ASSESSME	<sup>Address</sup> Virginia Aven	110				
City, State, Zip Code						tate, Zip Code					
Project Manager for Monitoring Firm						ey City, NJ 07	304				
. Tojout Manager for Morntoning Firm			Teleph	one No.		one No.		nse No.			-
Start Date (10)	Sched	uled Co	mpletion	Date (11)		333-8855	0117	74			
5-7-2015	5-8-2	015	piolioi	Date (11)	Same	of OSHA Monito as above			ń		
Occupancy Status During Abatemer						Address					_
Facility Closed/Vacated During Abatement Performed Outside	Entire Period o	f Abate	ment								
X Other - Describe: On occupied	/ for demolition	ity Hour	S		City, St	ate, Zip Code			1910 190		
Scope of Work (Check All That Apply	/)										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov	ation			Full Container	oot it bi				
2 100 St 01 2200 IF	×	Demoli	ition		Я	Mini-Enclosur	ent with Negat e	ive Press	ure		
					×	Glovebag Pro Non-Exempte	cedure d (*) and Non-F	Friable Pr	ocedi	Ire	
Location of	j g	ls Locat Norma							Aba	temen	t
Asbestos-Containing Material (AC	CM) Us	ed Sole	ely by	Ashestos	Description ( Containing Ma	of			- T	уре	
TO BE ABATED In Facility		aintena stodial (		(i.e. ther	mal systems	insulation	Amount (Specify	2	_	E	ш
(13)		(12)		oth	urfacing, VAT ner miscellane	, or eous)	SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A					/a	=	late	ure
First floor/ back roof		х		F	Roof materi	al	1500 SF	x	+		
3rd floor roof		Х		F	Roof flashin	ıg	100 LF	X	-		
							700 21	Λ	-	$\vdash$	
									-		
ame of Registered Waste Hauler			JDEP W		bic Yards	Name of I	Registered Lan	dfill			
reen Environmental Services	auler ID 034889		Waste -	Common en	V.S. North L						
ity, State ersey City, NJ			posal Date	City, State		2.19111					
ompleted by			3-2015	Morrisvi							
iana Serrano	Title Office	e Man	aner	-	Signature	C		Date			
	Torric	o iviaii	ayer		Hu	were	and	4-28-2	015		

Date of Notification (1)			Name	of Buildin	g Owner/Operator	(2)	-L /W 1	47.			
4/30	15		MR	. 121	g Owner/Operator	ARKER	- tri	3			
Agency Notified	Type Notification		Street /	Address	,	7. 1					
□ EPA	a Initial			20	ADAMS	100	4 150	1			
□ DEP	☐ Amended		City, St	tate, Zip (	Code .	711	22028				
-E DOL	Amendment #	na			T. HILLS	. MJ.	5/0/8				
де́ бон	justification)	5		of Contac			Talanhana Mir	nher			
□ DCA	☐ Cancellation		1 0	14 6	BARKEN		11001	1	· · · U		
			FACI	LITY INF	ORMATION						
Name of Facility Where	Abatement is Taking Pla	iče (3)		-		Type of Facility	(4)				
MR	BARKER			_		School (K-12					
Street Address			10		;		(Other than K-1) ivate & commerci		=		
20	ADAMS RI	Δ		120	×	homes, etc.)		ar somaniga	**		
City (5) .		3			144	Square Feet	# of Floors	Bidg. A	-		
· SILC	or Hiles			*3		3500.	2	70	Y	en	10
County (6)					) (STATE USE	Current Use (P	nor if being demo	lished)			
ESS	z×.		ONLY		/5 (7 ),8	RE	510ENCE	:			
Name of Monitoring Firm		er ASC	M No.		Name of Abaten	nent Contractor (9	9)				
(8)					Best Re	emoval In	ıc				
Street Address					Street Address						
					450 Sout	th River	St				
City, State, Zip Code					City, State, Zip C	Code	T.	3			
					Hackensa	ack , N.	J. 07601				
Project Manager for Mor	nitoring Firm	Telep	hone No.		Telephone No.	No. and the control of the control o	License No.				
(*)	-				201-329-		003	388			
Start Date (10)	Scheduled C				Name of OSHA			1			
5 18 15		22/1	<u> </u>			vironmer	ntal Inc				
Occupancy Status Durin	ig Abatement (Check on -	ly one)	1 4		Street Address	α.		1			
☐ Facility Closed/Vacati			ent		280 Huy1						_
☐ Abatement Performer ☐ Other – Describe:	Outside of Normal Fac	ality Hours	-			ick , N.J	07601				
Scope of Work (Check a	DAGAS JADAMASA SASA				паскепза	ick , N.c	07001	,			-
	is trac appry)		-6				Negative Pressu	re			
D ≥ 3 sf or ≥ 3 lf D ≥ 160 sf or ≥ 260 lf				ovation nolition		Enclosure ebag Procedure	to 1				
22 2 100 St 01 2 200 H							d Non-Friable Pro	cedure			
		Is Loc	ation	W 700					Abat	eme ype	nt
Laanti	on of	100000000000000000000000000000000000000	nally	-	Description	of.			$\top$	T	Г
, Locati Asbestos-Containir	ng Material (ACM)		olely by nance/		stos Containing M	aterial (ACM)	Amount	ſ.	_	m	m
TO BE A	BATED cility	7	odial	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)		Repair	Encapsulate	nclo
(1:	7	The state of the s	ff? 2)		other miscellan		0, 0, 2,	To the second	1	sula	Sur
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								5	+		-
					, ,						
Name of Registered Wa	ste Hauler	ID No.	P Waste I	lauler	Cubic Yards of Waste	Name of Regis	stered Landfill				
Best Remo	val Inc				7e-1	Minory	Enterpr	iene	T.T.	0	
City, State		171	09		Disposal Date	City, State	. Bucerbr	TOCO.	ווני		_
10.00	als N T 0.7	601			5/22/15		ourg ,0h	.4468	Q		
Completed by	ck , N.J. 07	001			Signature 0	Iwaynest	ourg ,UII	Date.	0		-
		ator				سمرهنو	3	Date, 4/3	2) 1	2	
J.Maioran			orm for as	sbestos li	censure exempted		<del></del>	-	-		-

page 1 CK # 5596 84/38/2815 12:12 2813297448 PAGE 02/04 BEST State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pure want to NJAC 8:69 and 12:126) Name of Building Ownsir Oppositor (2) Date of Notification (1) BAST 4/30/15 Type Modification Street Address Agency Notified 2655 ROUTE S silient City, State, Zip Code C Amended E Bruspinis (notating (untitionis) DOL. UNION NJ 07083 Marrie of Contact HOOLE J. MECLELLAN Cancelation DI DCA PACILITY INFORMATION Name of Facility Winers Abstantons is Tricing Place (3) Type of Fectity (4) BASF School (K-12)
 Spinchopier 8 (Other than K-12)
 Theor (La. private & commercial buildings. Elbrook Addressa. K0776 22 W harres, etc.) 9 of Roots Mdg. Age Cly (3) Soguare Feet MOINO BSYEWS 1.55000 COUNTY COM (7) STATE USE Current Use (Prior & being demolished) COUNTY (8) ONLY) STOMAGE / OFFICE MON Hame of Allertement Contractor (b) Name of Mealtoning Firm Hired by Building Owner ASOM No. Best Removal Inc Street Address Street Address 655 WEST SHOULD THEALL 450 South River St. City, State, Zip Code SPACEA . NO 07871 Hackensack . N.J. C 07601 Taimphone No. B KORGEL! 973-651 2041 201-329-7444 00388 Schoduled Completion Date (??) Name of OSHA Monitor Stad Date (10) 5/2/15 Omega Environmental Inc SIZIS S 215 Occupancy Status During Abels mark (Wast Anily 010) 280 Huyler St The Facility Closed/Vacated During Entire Period of Abetement City, State, Zip Code D Abningment Performed Outside of Normal Pacifity House Cliner - Describe: 76H TO SPH ·C" Hackenseck , N.J. 07601 Scope of Work (Check all that a paly) D Full Containment with Regulive Procesure E Renovation

Demolition □ Sinl-Englesure
□ Glovebeg Procedure □ Non-Exempted (\*) and Non-Pricitie Proce Abatement is Lecation Type Description of Used Solety by Encupatate , Location of Amount Astrotes Containing Material (ACM) Autostra-Containing Material (ACM) Recurrence Repair (Lo., Tremeni systems: incule system, VAT, or other missesimmess) Custodial SF or LA W Pectry SMITT (13) (12) Yes No SOLF 30 CONTENENCE ROOM MERMAL System IN SUPERIOR

Name of Registered Landth CLERC Yards of NUDEP Wante Heuler Name of Registered Wasta Hauter ID No. Mocto Best Removal Inc 2 27 Minerva Enterprises.LLC 17109 Dispersel Dark 44688 Waynesburg .Oh Hackensack , N.J. 07601 Completed by 4/30/15 a Janana J. Majorano Bstimator Do not use this farm for asbectos licensure promote services.

(K13441

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

	Date of Notification (1)  Name of Building Owner/Operator (2)											
	28 / _	15	STATE OF NJ DEPT OF ENVIRONMENTAL PROTECTION									
Agencies Notified  Repa	Type Notifica	ation		and the	Address	20	4	Q.g	1.19	: 4	·	
⊠ DOLWD	☐ Amended	i		1172.55000	). BOX 42		37.5				,	
⊠ DOH	Amendme	ent #		U	State, Zip (			2 4 C E/V				
⊠ DCA	☐ Emergen		9	C-500/61	attained the section	NJ 08625-0420			<u> </u>			
(NJAC 5:23-8)	justification			0.0000000000000000000000000000000000000	of Contac	it .		Telephone N	umber			
	☐ Cancellat	11011			PAYNE							
				FA	CILITY IN	NFORMATION						
Name of Facility Where A	Abatement is T	Taking Place	(3)				Type of Facility					
							School (K-1)	<sup>2)</sup> 8 (Other than K	-12)			
Street Address  2 MANVILLE CAUS	EWAY						Other (i.e., p	private and comi		uildin	gs,	
City (5)	EVVAI						homes, etc.		Te		0.552	
FRANKLIN TOWNS	UID						Square Feet	# of Floors		ldg. A	ige	
County (6)	nir			Cour	st. Cada /	7\\CTATE HEE OM VI	Current Hear (D.	2	- II - I IV	65		
SOMERSET				Cour	ity Code (	7)(STATE USE ONLY)	Current Use (P		iolisnea)			
Name of Monitoring Firm	Hirad by Duile	dina Owner	/0\	ASCM	No	Name of Abateme						
N/A	rilled by build	allig Owner	(0)	ASCIVI	NO.		CONTRACTIN					
Street Address						Street Address	CONTRACTIN	G, INC.				
officer Address						170 U.S. HW	v a					
City, State, Zip Code			-0-			City, State, Zip Co	2 300					
Oity, Otato, Zip Code						BAYVILLE, N						
Project Manager for Mon	toring Firm		Tel	ephone	No	Telephone No.	0 00721	License No.				
	itering i min			орионо		732-349-3771		01244	8			
Start Date (10)	18	Scheduled C	ompl	etion Da	te (11)	Name of OSHA M						
5 /18 /	Countries and Co			2 /		NEIL MARZA	NO					
Occupancy Status During	Abatement (	Check only	one)			Street Address						
☐ Facility Closed/Vacate				ement		138 SENECA	BLVD.					
☐ Abatement Performed	Outside of No	ormal Facilit	у Ног	rs - Des		City, State, Zip Co				-		
Time of Abatement: _	AM	PM/	PN		AM	BARNEGAT,						
Scope of Work (Check all	that apply)				GI GI		tainmant with Na					
≥3 sf or ≥3 lf		☐ Re	enova	tion		☐ Mini-Enc	tainment with Ne losure	gative Pressure				
≥160 sf or ≥260 lf		⊠ De	emolit	on		☐ Glovebag	g Procedure		A-Accessores			
		la la		tion.	1	⊠ Non-Exe	mpted (*) and No	on-Friable Proce		20		
Location	of		Loca Norma			Description o	.f		1	patem		
Asbestos-Containing	Material (ACM			ely by		stos Containing Ma	terial (ACM)	Amount	Ren	Repair	Enc	Enc
TO BE ABA		000000000	10 7 7 7 7 7 7	ance/ Staff?	(i.∈	e., thermal systems surfacing, VAT,		(Specify SF or LF)	Removal	air	aps	Enclosure
(13)	ıy	200000	(12	)		other miscellane		SF OF LF)	=		Encapsulate	Te
		Yes	No	N/A							CD	
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Room 2			$\boxtimes$		VAT			180SF				
Roof					Tar Ro	ofing		260SF				
Chimney						ar Flashing		25SF				
Name of Registered Was			1 47	NJDEP N		Cubic Yards of	Name of Regis	stered Landfill	440-2002			
RICH-MARK CONTE	RACTING, IN	NC.	1	lauler II 07764		Waste 20	GROWS N	IORTH LAND	FILL			
City, State				5110		Disposal Date	City, State					
BAYVILLE, NJ				27		5/22/15	MORRISV	ILLE, PA				
Completed By (Print or Ty	/pe)	Title		- North Control		Signature	1 001		Date			
NEIL MARZANO		SUPER	ERVISOR MINIMA 4-28-13							10		
100 11						11/11/11	111000	7				

ASB-41 JAN 13 \* Do not use this form for asbestos licensure exempted activities.



# & Emergnan X

4/28/15					Building naplin F				SHEV ,						
Agencies Notified	Type Notification			Street A	ddress ast Nav	asink		1	5 HAY -4						
EPA DEP DOL	Amended Amendmen		_		te, Zip Ci gg Har		08087		& LICE	KSIA	LROL				
DOH DCA	Emergency justification) Cancellation	240.000.00000 <del>.</del> 0		Name of Jeff	Contact						ephone N	lumber			Ta .
				FACI	LITY INF	ORMATI	ION								
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Street Address 136 East Navasink					•			×	School (K-1 Subchapter Other (i.e. p	8 (Oth	er than K & comme	-12) rcial bu	ilding	ıs, ho	mes,
City (5) Little Egg Harbor I	NJ 08087				<b>.</b>	16		Squa	etc.) are Feet +	# 0	f Floors		Bldg 35+	. Age	
County (6) Ocean	2			County (	Code (7) USE ONLY	)		Curre	ent Use (Pri-	or if be	ing demol		-		
Name of Monitoring Fir	m Hired by Building	Owner (8)		ASCN			Nama				(0)				
N/A	III Threa by Ballaring	Owner (6)		ASCIV	I NO.	7		aco I	nc.	ntractor	(9)				
Street Address							Street PO E								
City, State, Zip Code						*			Zip Code Iin NJ 080	91					
Project Manager for Mo	onitoring Firm			Telephor	ne No.		Telept 856-				License				
Start Date (10) 4/29/15		Schedule		npletion (	Date (11)		1	of OS	HA Monitor						
Occupancy Status Duri	ng Abatement (Che	ck Only One	e)				Street		100				_	-	
➤ Facility Closed/Va	cated During Entire med Outside of Nor	Period of A	baten	nent					Zip Code						
Scope of Work (Check	All That Apply)												_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	11.77	_	enova emolit				×	Mi Gi	III Containmoni-Enclosure ovebag Proportes	e cedure				ure	
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Locatio			iormal d Sole				scription						Т	T	
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Name of Registered Wa United Containers	Name of Registered Waste Hauler United Containers				aste No.	Cubic of Wa	Yards ste		Name of G.R.O.		ered Land	fill			
City, State Elm NJ			121	2459			sal Date		City, Stat Morrisv		J 08091				
Completed by Anthony T Perna		Title Presid				Signature	0			Ti	Date 4/28/1	5			



(K 4)14		N		CATION	of New OF ASBI to NJAC	ESTOS	ABATE		Т	Į.	leo.			•	
Date of Notification (1) 4/29/15				Name of Earth	Building ( Tech	Owner/C	Operator	(2)		Elis F	147-4	111	,		
Agencies Notified  EPA	Type Notification			Street A					s:	·	j : :			2	
EPA DEP DOL	Amended Amendment #				te, Zip Co field NJ					Ú.	LIGEN	i In		1/_	
DOH DCA	Emergency (in justification) Cancellation	ncluding	- 1	Name of Toni	Contact					l Tel	ephone N	umber			
				FACI	LITY INFO	DRMATI	ON						_		
Name of Facility Where Residence	Abatement is Taking	Place (3	)					Тур	e of Facility (	water					
Street Address 545 2nd Ave								×	Subchapter Other (i.e. p	8 (Oth			lding	s, hom	es.
City (5)					•		-		etc.) uare Feet		Floors		Bldg.		
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Gloucester		12		(STATE L	JSE ONĹY)	-	_	Но	ouse			sried)			
Name of Monitoring Firm N/A	Hired by Building O	wner (8)		ASCM	l No.	1	Name Pern		lnc.	ntractor	(9)				
Street Address							Street PO E								
City, State, Zip Code						•			Zip Code rlin NJ 080	91					
Project Manager for Mor		Telepho	ne No.		Telepi 856-		No. -9800		License 00727	No.					
Start Date (10) 5/8/15		Schedule		npletion (	Date (11)			of O	SHA Monitor	0					
Occupancy Status Durin	g Abatement (Check	Only On	e)				Street		ress					15-160-1	
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire Pe led Outside of Norma	eriod of A al Facility	Abatem Hours	ent			City, S	State,	Zip Code						
Scope of Work (Check A	II That Apply)									-					-
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													+	+	
Name of Registered Was	ste Hauler		13335	JDEP Wauler ID		Cubic of Was	Yards		VOHOVO-10 10000		ered Landt	fill			
United Containers  City, State			223.5	2459		2			G.R.O.						
Elm NJ						5/13/	sal Date 15		City, Stat Morrisv		19067				
Completed by Anthony T Perna	dent			S	Signature		2	د	11 3	Date 1/29/1	5		10		

(K1542

Date of Noblication (1)

Agencies Notified

PA DOL

DOH DOA

Residence Street Address 2807 Norwood Ave

City (s) Pennsauken, NJ

County (8)

Camden

(8) N/A

Street Address

Start Date (10)

Other - Describe:

⊠ ≥3 st or ≥3 lf ⊇160 st or ≥260 lf

4/30/15

Attio

ASB-41

City, State, Zlp Code

4/28/15

Type Notification

Amended

Cancellation

Amendment#

Emergency (including justification)

Initial Amen

Name of Facility Where Abstament is Toking Place (3)

Name of Monitoring Firm Hired by Building Owner

Occupancy Status During Abatement (Check only one)

Abatement Performed Outside of Normal Facility Hours

Pacifity Closed/Vacated During Entire Period of Abatement

Project Manager for Monkoring Firm

Scope of Work (Check all that apply)

AEi2, LLC City, State Maple Shade, NJ Completed By Wm, Minnick

WATERDISOND ODIED TH

#### State of New Jersey NOTIFICATION ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Norman Lindley

City, State, Zip Code

Pennsauken, NJ

Name of Contact

FACILITY INFORMATION

County Code(7) (STATE USE ONLY)

ASCM No.

Telephone No.

Scheduled Completion Date (11)

5/2/15

Norman Lindley

2807 Norwood Ave

Street Address

Name of Building Owner/Operator (2)

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TOS ABATEM	ENT	M	Dept./of Health	The second	100	Serv	ices
:60 and 12:120	))		on	102		1	
Owner/Operator	(2)	7	he la Joinne	iture)	F	.71	,,,
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AEi2, LLC	LOUIT PLASSIS WATCH	lat.					
Street Address				-		-	-
300 S. Lenola	Road						
City, State, Zip	Code		***************************************			_	_
Maple Shade,	NJ 08052						_
Telephone No.			License No.				
609-481-212			00689				-1
Name of OSHA I	Monitor						
ABI2, LLC			-				
Street Address							
300 Lenola I						ere e	Transa
Maple Shade	NJ 08052	_18464-0					
Full Co	ntainment wit	1 Ne	gative Pressure				
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Name of Regiotored Waste Hauler AEi2, LLC			NJDEP Hauler II		Cubic Yards of Waste	Name of Rep	gistered Landfill	1_			
City, Stoto Maple Shade, NJ		-12	1376		TBD 1/1	City, State	//				
Completed By Vm, Minnick	Title Prograz	n Me	Γ.		Signalyre	my	Date 4/28/1	5			
B-41	· Do not u	use th	is form	for asbet	etos licensure exen	npted activities.	, •				

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	USE ONLY		Curant Use (Pri	ar if being den	ر (معنظم	
Name of Monitoring Form Hared by Burning Osmar (8)	DUNG FN	-  -				4
(0)	2 10	and of Area	nt Contector (9)			
Street Address		HAVI O	100 LLC	_		
		reet Address	011	1		
Cây, State, Zip Corde		1212 6	Birtingto	N HUE		
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Shall	å d	508-346	0916	License No.		100
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<sup>°</sup> Do not use this form for asbestos licensure exempled ectivities.

Date of Notice for 193	(a disease to NEAC 8:69 and 1		
Date of Notification (1) 4-28-15	Partie of Serving Ottner/Op	(A)	
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	Street Addresse		KETHIN
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Street Address Kesident		Type of Feeling (4)	
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Name of Mandaging From Hand by Co.		Curent Use (Prior & being	danolines)
10	ASOU No.   Name of Atrace	nest Contector (9)	
Street Address	- HXH V	15 116	
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City, State, Zip Code		2 Suchneton	Aug
Trans.	CRY, SEID, ZO CO	rie /	A/AC
Project Managar for Monitoring Firm	hone No.   Telephone No.	anco NJ a	08025
	100 211		
Start Data (10) Softeniral Completing	609-346	0766 1 8	1070
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2 Other - Describe	Oly, Siete, Zip Code		
Scope of Work (Check all that exply)			
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<sup>°</sup> Go not use this form for asbestos licensure exempled activities.

	Date of Nationalism (1)	rurseast to NJAC 8:60 and 12:120)
_	Date of Nationalism (1)  2/28-15	Nema of Parent
	Agencies Notified   Dog 10	Pants of Straing Owner/Operator/2)
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		Street Address
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	i America-s	City, State, Zip Code
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		Name of Confect
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	Name of Feeding Winers Abstract is Taking Face (3)	FACULTY IN CHUATION
	Resident	
_	Street Address	Type of Feeting (4)
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	9 19	SOM No Name of Abraham Contactor (9)
- 1	Street Address	An In-uc
į		Street Addison
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71117		
H	Project Menager for Monitoring Firm	Delana MT 45
. !!		Delanco NJ 08075
	Start Date (10)	The state of the s
STATE OF	Surement Completing	Date (17)   Name of OSHA Montar
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FILES	Alexander Periment Control Entire Perimi of Alexander	Street Address
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34		4-25-15
1	* Do not use this form in-	, 12 %
1	The same same same same same same same sam	estos licensura allempled activities.

chech 5586

2015

Date of Notification (1)				Name	of Buildin	g Owner/Operator	(2)		posters (), 17	-		
14-27-15		1		0.	. Yo	ON			571.5	1		
Agency Notified	Type Notification		1	Street.	Address		2	1.	75	_		
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DEPA -	I Amended		I	City, S	tate, Zip	Code			150		-	
-B DOL	Amendment#	20	1	TE	WA	FLY, N	J 07	610	1 7			
	© Emergency (included instification)	ing	Ī	Name	of Conta	± 11	,	Telephone	Number_	10	7	
E DOH	☐ Cancellation			P.	DITO	)			- 1 -	10 -		
				FACI	LITY BUT	ORMATION						
Name of Facility Whore	Abatement is Talana Pi	ace (3)			-		Type of Facility	(4)				
							☐ School (K-1)	23				
0. YOON					<del></del>	:	☐ Subchapter	6 (Other than	K-12)			
Street Address	11-11-10-	· D	٠. ١	! .=			Other (i.e. p		ercial buildi	ngs.		
139 STO	NEHURST	DI	21V	t		.,	Square Feet	# of Floors	Bide	L Age		
City (5)					•	<b>***</b>		1		841		
TENAFLI	<i>f</i>						2600.	1		0/1		
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BERGEN				CHELL	* ****			0:PUCE				
Name of Monitoring Fire	n Hired by Building Own	her	ASC	A No.			nent Contractor (			-		
(8)							moval In	С	š .	-		
Street Address						Street Address		220				
							th River	St	-	+		_
City, State, Zip Code						City, State, Zip C		07601				
	et Manager for Monitoring Firm					1	ack, N.J	License No	1	+		_
Project Manager for Mo	ect Manager for Monitoring Firm					Telephone No. 201 - 329	-7444 ·	0038				
						Name of OSHA		0030	,,,	+	_	
5-13-15	Date (10) Scheduled Comple						invironm	ental				
Occupancy Status Durin		_	_			Street Address	21111111111		1	+		
			***				yler St			1		
☐ Facility Closed/Vacst	ed During Enlire Period I Owleide of Normal Fac	of Abat	emeni	ŧ		City, State, Zip C						
- Cther - Describe:	8 AM 5P	M				S. Had	ckensack	,N.J.	07606			
Scope of Work (Check a	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.					254	Containment with	Nomina Bro				
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-8 ≥ 160 sf or ≥ 260 F				-E Den		C Glow	aban Procedure	i Nicho Brindelin I				
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. Locati	on of		d Sole			Description of		Amot			_	
Asbestos-Containin			intena ustodi			stos Containing Ma " Grennai systems		Amor (Spec		3	Encapaulate	Enclosure
BL Foo	ally .		S=?			surfacing, VAT.	.cr	SFC	LF)	Removal		1001
(13	9		(12)		4	other miscellane	ous)			3	1	3
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GROUNDLEVEL	BASEMENT			X		VAT		9	80 SF	X	T	П
2.000.00	1			-							T	П
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										T	T	П
Name of Registered Was	ste Hauler	NU	DEPV	Vaste H	auler	Cubic Yards of	Name of Regis	ered Landill		1		
Best Remo			No.			Waste	Minerva		orises	7	LLC	-
			17	109		3 YOS			1505	2 -		
City, State						Disposal Date	City, State					and the same
	k , N.J. 07	601	1.		,	5-15-15	Waynes	burg, (		88		_
Completed by	Title	20				Sanature			14-2	, -,	13	-1
RVELDRAN	Est:					P. Veldre			17-2	-1-	, 7	
ASB-41	* Do no	t use th	is form	a for asi	bestos lic	ensure exempted:	activities.		1			

CK 6206

Date of Notification (1)	<del>- 30 31</del>	Na		Building O	_	perator (	2)						
Agencies Notified Type Notification		Str	reet Ad	SE4	G		2015 1	111	TT Fact to	- 5			
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DEP Amended			ty, State	e, Zip Cod	ie		<u> </u>	- 10	7,000		~	Ga V	2
DOL Amendmen		- 🗀	HA	IRR:	SOI	٥,	NJO	570	29				
DOH justification				Contact	-	٠, ,		Tel	ephone Nur	nber			0.021
DCA Cancellation	1			H NO			MAN		-1 31	J-	- 1	1	£
Name of Facility Where Abatement is Takin	ng Place (3)	7/0	TAGIL		MAIN		Type of Facility	(4)					
PSEYG LPP	LANT	•		_			School (K	-12)					
Street Address	F. T.		Ω	HAR TURBLE			Subchapte Other (i.e.	er 8 (Oth	er than K-12 & commerci	2) al buil	dinas	hom	
GRASSELL; S.	A1.0x	0 1	Ko,	AD			etc.)	***					les,
LiA1 0 C 11						13	Square Feet		f Floors	- 1	Bldg.		
County (6)		Co	unty C	ode (7)			Current Use (P		) ( A- ina demolish	ed)	0/	H	
UNION		(\$7	TATE US	SE ONLY)		-	L	P	PLA		Ť		
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8)	1	ASCM 004				Abatement Co		(9)				
Street Address						Street A							
64 BROAD STREET  City, State, Zip Code							HITEHEAD te, Zip Code	AVE.					
MATAWAN, NJ 07747				April 14 Ten 187			H RIVER, N	J 0888	12				
Project Manager for Monitoring Firm TOM GEIGER		73		2-2217		Telepho 732-43	ne No. 32-8350		License N 0111				
Start Date (10) 5/18/15	Scheduled 6		etion Da				OSHA Monito		AMERICA				
Occupancy Status During Abatement (Che	k Only One)	, - , -	,			Street A					-		
Facility Closed/Vacated During Entire	Period of Aba	atemen	t				HITEHEAD	AVE.					
Abatement Performed Outside of Norm Other – Describe: auThook	nal Facility H	ours					te, Zip Code H RIVER, N	1 0000	10				
Scope of Work (Check All That Apply)						3001	H KIVEK, N	J 0000	2				
≥3 sf or ≥3 lf	Ren	ovation	1				Full Contains	nent with	Negative D				
≥160 sf or ≥260 lf		nolition					Mini-Enclosu	re	i Negative F	essu	ie		
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	ls Lo	cation									Abate	ement	t
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Asbestos-Containing Material (ACM)  TO BE ABATED		enance.	i	Asbesto: (i.e. th	s Conta nermal s	aining Ma systems i	terial (ACM)	17 9303	mount specify	R		En	ш
In Facility (13)		iai Stati 12)	11	,		ing, VAT,			or LF)	Remova	Repair	sqbs	Enclosure
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PANK A + B - OUTSINE		X	_	2 rm	Eik	EPP.	OFING	91	62 SF	X			
PROPANE TANK FARM						LAT.		, ,	02 01	-			
7,7,7				-, -,	000	1771	0.0						
Name of Registered Waste Hauler		1	-D.V.		0.11	, .							
WASTE MANAGEMENT		Haule	EP Was er ID N	255	Cubic Y of Was				red Landfill				
		112	25			450			XIH.				
City, State ELIZABETH, NJ						al Date	City, Sta		E DA				
Completed by	Title				/	BD mature	MORR			2	,	89	
CAROL RAIMO	OFFICE	MGF	₹.		1 0,5		ral K		· Dal	41	28	1/1	

NOTIFICATION OF ASBESTOS ARATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

			PULSU	ant to	NOAC	0.00	/- / au	Id 12:120-7	,							
Date of Notification	(1)					100	-	er/Operato:	r (2	2)	5 659	-			));=;====	
4-28-15				Kus	shnei	r Pi	rope	erties		5.5						
Agencies Notified	Type Noti:	ficat:	ion		t Addr					ž.	t	7				
[ ]EPA	[X]Initi			50	& 52	2 B:	road	d Stree	t			65,	1	t	ì	
[ ]DEP	Noti	ficat	ion	City,	State	, Zir	p Cod	е		tie .		100		1000		
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[X]DOH	NOCI	IICat		Name o	of Con	tact				Telephon	e Number	- 1	110			
[ ]DCA	[ ]EMERG	ENCY		Kus	shner	r Pi	rope	erties		_	2	-				
	[ ]Cance	llati	on												, 6 112-0-11	
							INFO	RMATION								
Name of Facility Whe Same as above	re Abateme	ent is	Takin	ng Pla	ce (3)				Ty	ype of Facili	ty (4)					
same as above										[ ]School [ ]Subchapt		ar +	han	K-11	21	
Street Addres									1	[X]Other (i						
										cial bu	ildings, l	nome	s, e	tc.)		
City (5		Co	unty	(6) Fee	ov.	Co	011m+1r	Code (7)	- 1	quare Feet	# of Flo	ors	1	dg.	Age	
orel (a			direy	(0) 255	C.A.	11880		USE ONLY)		1400	miam if h			55	- 1	`
										ırrent Use (1	FIOR II De	aing	dei	IOTIS	snea	.)
Name of Monitoring F	irm hired	by Bu	ildin	g ASC	M No.		Nar	me of Abate	emen	nt Contractor	(9)					
Owner (8) N/A							Z	AZTECH N	MAN	NAGEMENT	Inc.					
Street Address							Sti	reet Addres	ss							
							8	6 Chris	sto	opher St.						
City, State, Zip Cod	e						Cit	ty, State,	Zip	Code						
							M	Montclai	ir,	, NJ 0704	12					
Project Manager for	Monitoring	J Firm	ı Tel	Lephon	e Numb	er	Tel	Lephone Num	mber	:		Lice	nse	Numl	per	The state of the s
			N/	'A			(	(973) 744	4-8	3800		00	37	1		
Scheduled Start Date					Date	(11)	1000000	me of OSHA	Mon	nitor						
5-7-15			5-18				N/	'A								
Month Day Ye Occupancy Status Dur		Mont ment (		only	Year one)		Str	reet Addres	33	<u>*</u>	H-G					
[X]Facility Clos of Abatement		d Dur	ing En	tire 1	Period					58 (p)						
[ ]Abatement Per		tside	of No	rmal I	Facilit	ty	Cit	ty, State,	Zip	Code						
Hours - Descr [ ]other - Descr					oi m t			• • • • • • • • • • • • • • • • • • • •	-							
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beope of nork (eneck	all chac	appry	,					[ ]Full	Con	ntainment wit	h Negative	e Pr	essu	re		
[X]≥3 sf or []>160 sf o			150	]Renov	ration colitic			[ ]Mini-								
[ ] <u>&gt;</u> 100 SI 0	1 2200 11		L.	r lben	1011 110	,11			27/2	Procedure Lable Procedu	ire					
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Asbestos-Con				ormall Used			As	Description bestos-Con			Amount		R	R	E	E
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TO BE ABA			t	enance	≥/	i		e., thermai ation, surf			SF or LF)		V	Ā	PS	O S
(13)	_		St	aff (1	L2)			ther misce		Control of the contro	•		A L	R	Ţ	U R
Exterior house	Yes	No	N/A X	Ac	hes	tos tra	ne	ite	3000 S	F	X		•	E		
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V		6.41				-										
Name of Registered W	aste Haule	er	No	DEP W	aste	IC1	ubic	Yards	- IN	Name of Regis	tered Land	fil	1			
AZTECH MANAGE			Ha	auler	ID No.	11 333		te 1.5		G.R.O.W.S			70			
City, State	T	7040		D.	ispoo	al Date		City, State	2016							
Montclair, NJ						6-15		Morrisvil	lle. PA	19	906	7				
	ompleted By (Print or Type) Title							Signature	е			1	ate			
Constantine Vi	LVIAN	rre	side	nt				1 (Mh	10	_		4	1-2	8-1	.5	

CK # 5595

Date of Notification (1)					g Owner/Operator		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	7			
4/29			MR	5. E	- PRAT	7 65 10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Agency Notified	Type Notification		Street A	Address		1	Draw consequence	a 1 1			
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-DOL	Amendment#		88	ERGE	ENFIELL	J. NJ.	07621				
<b>Д</b> ТОН	☐ Emergency (included instification)	ing	Name o	of Contac	at a		Telephone Num	ber			
□ DCA	☐ Cancellation		MS	: PR	177				- 10		
			FACIL	JTY INF	ORMATION		***************************************				
Name of Facility Where				•		Type of Facilit	y (4)				
M	RS. PRAT	_			84	☐ School (K-1	2)				
Street Address						☐ Subchapter	8 (Other than K-12)				
70	CARTAL	~					orivate & commercia	l building	gs,		
City (5) .	DOJEAN				<del></del>	Source Feet	# of Floors	Bldg.	Age		
	SENFIELS					Z000 .		)	579	500	28
	5011-1505	۷	10 :			1 4			37	PUH.	2
County (6)	RGEN		ONLY		(STATE USE		Prior if being demolis				
				••			ह्यां १६० ८६				
Name of Monitoring Firm (8)	Hired by Building Own	er ASC	M No.		Name of Abaten		1050	1			
						emoval I	nc				
Street Address			1020		Street Address					87	
					450 Sout		St				
City, State, Zip Code					City, State, Zip C						
					Hackensa Telephone No.	ack , N.	J. 07601				
Project Manager for Mor	itoring Firm	Telepi	one No.								
			9.		201-329-		003	38			
Start Date (10)	Scheduled C		Date (11)		Name of OSHA	Monitor					
5/19/15		21/15			Omega En	vironme	ntal Inc				
Occupancy Status Durin	g Abatement (Check or	ly one)			Street Address			- 8			
☐ Facility Closed/Vacate	ed During Entire Period	of Abateme	nt		280 Huy1						
☐ Abatement Performed	Outside of Normal Fac		_		City, State, Zip C				<b>2</b> 0		
Other - Describe: 70					Hackensa	ick, N.	J. 07601				
Scope of Work (Check a	I that apply)		23		FE E	Containment with	n Negative Pressure	. 01			
□≥3sfor≥3lf				ovation		Enclosure	i Negauve i lessaie	2			
2 160 sf or ≥ 260 lf			☐ Dem	olition		ebag Procedure					
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	×							1			
Name of Registered Was	ste Hauler		Waste Ha	auler	Cubic Yards of	Name of Regi	stered Landfill	1			_
Best Remo	val Inc	ID No.			Waste						
Dene Kemo	· G. I.I.C	171	09		307	Minerva	a Enterpri	ses.	LL	C	100
City, State					Disposal Date	City, State					
Hackensa	ck ,N.J. 07	601			5/20/15	Waynesh	ourg ,Oh .	4468	38		
Completed by	Title				Signature /			Date			
J.Maioran	Estim	ator			1 VM	مر عدد أرد	٧	4/2	9/	17	1
ASB-41			rm for ask	oestos lic	ensure/exempted						

CK 5594

Date of Notification (1)				ng Owner/Operato			: ?		-		
4/29/15	6		ZAC	ck' cons	STW CT	100					
Agency Notified Type Notification		1	Address	200000 00	0		V. 1				
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□ DEP □ Amended			state, Zip		15 6	2.31					
Amendment #	iding			EWOOB.	N7. 0	763/					
2 DOH justification)	iding		of Conta			Telephone Num	ber				
□ DCA □ Cancellation		HR.	MI CHA	EL FELD M	AN	, · · · · · · · · · · · · · · · · · ·	1	_			
10. A		FAC	LITY INF	ORMATION							
Name of Facility Where Abatement is Taking	Place (3)				Type of Facilit	y (4)					_
IZACK CONSTR	احدر م	2		•	☐ School (K-1	2)					
Street Address			- (-)		☐ Subchapter	8 (Other than K-12)	, .				
160 LAUREC F	1		40			private & commercia	l buildir	ngs,			
City (5)				<del></del>	homes, etc	# of Floors	Bidg	Δα		_	_
ENGLEWOOD				***	100.00		1			<b>~</b> ^	0
		1			2500		1	03	70	= Ar	C
County (6)		ONLY		) (STATE USE		Prior if being demolis	shed)				
BENGEN			1.			SIDENCE					
Name of Monitoring Firm Hired by Building Ov (8)	mer ASC	M No.	×	Name of Abatem		. ,					
(6)					emoval I	nc					
Street Address				Street Address							
				450 Sout		St					
City, State, Zip Code				City, State, Zip C	ode						
[P]				Hackensa	ck . N.	J. 07601					
Project Manager for Monitoring Firm	Teleph	one No.		Telephone No.		License No.	occinia sta s				
				201-329-	-7444 -	0038	88				
	Completion D	Date (11)		Name of OSHA	Monitor						
5/11/15	5/13/	15		Omega Er	vironme	ntal Inc					
Occupancy Status During Abatement (Check	only one)			Street Address							
☐ Facility Closed/Vacated During Entire Perio	rl of Ahateme	nt		280 Huyl	er St						
☐ Abatement Performed Outside of Normal F				City, State, Zip C							
2 Other - Describe:	ta			Hackensa	ck, N.	J. 07601					
Scope of Work (Check all that apply)			-	DE EN	ambainmant with	h Negative Pressure					
□≥3sfor≥3lf		Ren	ovation		Enclosure	ii Negauve Flessure	5				
/2 ≥ 160 sf or ≥ 260 lf		□ Den	nolition		ebag Procedure		5.5 •				
	1			□ Non-	Exempted (*) an	d Non-Friable Proce	edure	ΙΔ	bate	mor	4
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. Location of	Norm Used So		1 =	Description	of			П		П	
Asbestos-Containing Material (ACM)	Mainten			stos Containing Ma	aterial (ACM)	Amount		æ	Repair	E	
TO BE ABATED IN Facility	Custo		(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)		me	Rep	dec	100
(13)	Staf			other miscellane	60000000 E-0	<u> </u>		Remova	Bir	sula	Enclosure
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BASEMENT			1 -	1600 T	( we	65	F	×			
							<b>'</b> -			T	Ī
		+							П		
Name of Registered Waste Hauler	NJDEP	Waste I	lauler	Cubic Yards of	Name of Reg	istered Landfill	-	-			_
Page 12 van 1 van 200	ID No.		50 T-07 T-08	Waste							
Best Removal Inc	171	09		3/20	Minerva	a Enterpri	ses	.L	LC		
City, State				Disposal Date	City, State						
Hackensack ,N.J. 0	7601			5/13/15	Wavnesl	burg .Oh .	446	88			
Completed by Title	. 001			Signature /	1.1.0711001		Date				_
	mator	ÿ.			ionom	9	4/	28	7	12	
			hantan li	censure exempted							_

CIC# 5592

Date of Notification (1)				Nome	of Duffelie	ng Owner/Operator	- (2)		-		
4/29/1	5			F	STA	TE OF	TONY	SANTORO.	7		
Agency Notified	Type Notification			Street	Address		1 6				
□ EPA	& Initial			6	20	EDEL A	SU				
	□ Amended		F	City, S	state, Zio	Code .		THE RESERVE THE STATE OF THE ST	-		
E DEP	Amendment #			-	LAYU	. 0001	NJ O	7607			
<b>Б</b> ОН	☐ Emergency (included)	ing	-		of Conta			Telephone Number	-		
D DCA	justification)  □ Cancellation					7.70		1 TOTOPHONO HARADON	2		
2000	2 Cancesatori					Gor		1 , ,			
				FAC	ILITY INF	ORMATION					
Name of Facility Where	Abatement is Taking P	lace (3)					Type of Facilit	y (4)			
FSTATE	0F 70N Y	SA	NTO	aho		11.0	School (K-1	2)			
Street Address		- 11	,	,,,,				8 (Other than K-12)	•		
	EDEL	1.15	_					private & commercial build	ings,		
	E050	HUE	=		- 58		homes, etc		<u> </u>		
City (5) .	1,					tive .		The state of the s	g. Age		
, ,	LOOM LY				2.		1800.	. 2	75	7 =	W
County (6)			1	Count	y Code (7	) (STATE USE		Prior if being demolished)	T		_
E	BERGEN		İ	ONLY				. ( )	D-13		
Name of Monitoring Firm	Hired by Building Own	ner I	ASCM	No ·		Name of Abaten			in in		
(8)	Timou by Dameing Offi		7100111	110.	- 62	,		OH	<u> </u>		
							emoval I	nc (.f :	λi⊸.	77	
Street Address						Street Address	9.7		1		
						450 Sout	h River	St 🚞	ria.		
City, State, Zip Code						City, State, Zip C	Code	196 <sup>6</sup> 4			
						Hackensa	ock N	J. 07601	5		
Project Manager for Mor	nitoring Firm	Te	elephor	ne No.		Telephone No.	ICK , N.	License No.	-		-
	. ·					201-329-	-7444 .	00388	* *		
Start Date (10)	Scheduled C	Complet	ion Do	to (11)		Name of OSHA		1 00300	~		
The second secon								3 2			1
511515		16		•			vironme	ntal Inc			
Occupancy Status Durin	g Abatement (Check or	nly one)				Street Address			1		
☐ Facility Closed/Vacate	ed During Entire Period	of Abat	ement			280 Huy1					
☐ Abatement Performed	Outside of Normal Fac	cility Ho	urs			City, State, Zip C	ode		1.		
2 Other - Describe: 7/	om to sem					Hackensa	ck , N.	J. 07601			1
Scope of Work (Check a	Il that apply)						The second secon		i		
Dr≥3sfor≥3lf			10	P Dan	ovation			Negative Pressure			
□ ≥ 160 sf or ≥ 260 lf					nolition		Enclosure ebag Procedure		f.		1
								d Non-Friable Procedure			
		le	Locati	<b>^</b>					Aba	ateme	ent
		10.3.00	lormall						-	Гуре	_
. Locatio			d Sole		1	Description of		× ×1.	11	(	11
Asbestos-Containin			intenan			tos Containing Ma		Amount	(26	(37	(m/
TO BE A			ustodi		h.e.	, thermal systems surfacing, VAT		(Specify SF or LF)	Removal	3 3	Enclosure
(13		ĺ	Staff? (12)		1	other miscellane		OF OF LET	To the	18	118
	,	-	(12)				,		=	Encapaulate	6
/		Yes	No	N/A							11
BASEMEN	17			×	THERA	LAL SYSTEM	INSULATION !	95LF	X		
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	V.					*		1			
Name of Registered Was	ste Hauler			laste H	lauler	Cubic Yards of	Name of Regis	stered Landfill			
Best Remo	val Inc	ID	No.			Waste					
Dene Wello	· 41 111C	117	7109	9		zey	Minerva	Enterprises	.LI	C	
City, State						Disposal Date	City, State				$\neg$
	ck ,N.J. 07	601				5/16/15	1	ourg ,0h .446	22		
Completed by	Title	OOT				Signature //	waynesh	Date	00	-	-
	1				-		مسممن		29	115	-
J.Maioran	o   Estim	ator	<u> </u>			X 1 0		) 191	-7	. 7	

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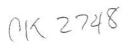
Date of Notification (1) 04/29/15					Building (		Operator	(2)		281	<b>5</b> EAY	-1;	<i>F i</i> :	to j		0
Agencies Notified	Type Notification		20	Street Ad 5 WHI	ddress TNEY P	LACE				A S	:531	0s			• • •	3
DEP DOL	Amended Amendment			-	te, Zip Co ORANG		07017				2 1.1	OF h	21	10	HO(	2
DOH DCA	Emergency (i justification) Cancellation	ncluding	100		Contact IARPER					Tele	phone N	Numbe	er			
				FACIL	LITY INFO	RMAT	ION								-	
Name of Facility Where	Abatement is Taking	Place (3)						Туре	of Facility (4)							
Street Address 5 WHITNEY PLAC	E				<del>U</del>				School (K-12 Subchapter 8 Other (i.e. pri	(Othe			uild	ings,	home	es,
City (5) EAST ORANGE, N	J								etc.) e Feet	# of	Floors		ВІ	dg. A	ge	
County (6) ESSEX COUNTY	<del>-</del>			County C	Code (7) USE ONLY)	N,		Currer	nt Use (Prior	if bein	ng demo	lished	)			
Name of Monitoring Firm	n Hired by Building C	Owner (8)		ASCM	No.		11/2/2019/04/2019 (0.00)	of Abat	ement Contr							
Street Address								Addres		00101	NALO			2 = 120 <u>-</u>		
							6 WH	HITE D	OOVE CO	URT						
City, State, Zip Code									p Code DD, NJ 08	701						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		- (1)// (1)// (1)//	none No 668-90			License 1200	e No.				
Start Date (10) 05/10/15		Scheduled 05/10/15		pletion [	Date (11)				IA Monitor PROFES	SSIO	NALS					
Occupancy Status Durin	g Abatement (Check	k Only One	) .					Addres								7-27
Facility Closed/Vac Abatement Perform	ated During Entire F	Period of Ab	atem Hours	ent					OOVE CO p Code	URT			_			
Other - Describe:									DD, NJ 08	701						
Scope of Work (Check A	All I hat Apply)	[2]					Г	7				_				
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			novat					Min	Containmer i-Enclosure vebag Proce		Negativ	e Pre	ssur	е		
			_				×		n-Exempted		Non-Fr	riable		100 ST 100 ST		
		77000	ocation						1						ement pe	i.
Locatio Asbestos-Containing		Used	Sole	ly by	Asbes		escription ntaining N		(ACM)	Ar	mount				m	
TO BE AB	ATED	Main	itenar dial S			therma	al systems acing, VA	s insula		(S	pecify or LF)		Rer	Re	nca	Enc
(13)	5 ft		(12)				miscellar			SF	OI LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									-		ate	e
INTER	IOR				A	SBES	STOS F	PIPINO	3	30	0 LF		X			
Name of Registered Wa			10000	JDEP Wauler ID		Cubic of Wa	c Yards	9.	Name of R	egiste	red Lan	dfill		,		
NEWARK CARTING	3			4509		2			IESI							
City, State NEWARK, NJ							osal Date 0/15		City, State BETHLE		1 PA					
Completed by JOSEPH PERLSTE	IN	Title OWNE	ER				Signature	9				Date 04/2	9/1	5		

CK 3339

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Date of Notification (1) 04/30/15				ame of Build ORIZON		er/Operator ERTIES	(2)		It's	3 har	~ [;	£ 1.	1	: ;	Q
Agencies Notified	Type Notificati	on	1000	reet Addres GLENW(		VENUE,	SUITE	412	4 1	1571	U3 t	(je			n e
DEP X DOL	Amended Amendm	ent #		ty, State, Zij AST OR <i>A</i>		NJ 07017	,			1	- 15.	1 3			
DOH DCA	Emergen justification Cancellate		Na	ame of Cont	tact				Tele	ephone N	Number				
_				FACILITY	INFORM	IATION			1						-
Name of Facility Where	Abatement is Ta	king Place (3)						of Facility (4) School (K-12)							
Street Address 149 LINDEN AVEN	UE				10		I S	Subchapter 8 Other (i.e. privatc.)	(Othe			ildin	gs,	home	es,
City (5) IRVINGTON, NJ								re Feet	# of 3	Floors		Bldg	j. A	ge	
County (6) ESSEX COUNTY				ounty Code TATE USE O			Curre	nt Use (Prior	if beir	ng demo	lished)				
Name of Monitoring Firm	Hired by Buildin	ng Owner (8)		ASCM No.				tement Contr							
Street Address		<del></del>					Addres	SS DOVE COL	JRT						
City, State, Zip Code					-			p Code DD, NJ 087	701		The second second				
Project Manager for Mon	itoring Firm		Те	lephone No	).	Telepl	hone No 668-9	o		License	No.				
Start Date (10) 05/10/15		Scheduled	Compl	etion Date (	(11)	(4)		A Monitor PROFES	SIOR	1212771					
Occupancy Status During	Abatement (C	heck Only One	-				Addres								
Facility Closed/Vaca Abatement Perform	ated During Enti	re Period of Ab	atemer	nt		6 WI	HITE [	DOVE COL	JRT						
Other – Describe: _ Scope of Work (Check A		offilal Facility F	10013					p Code DD, NJ 087	701						
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	штиат Арріу)	Processor .	novatio molitior			>	Min	Containmen i-Enclosure vebag Proce		Negative	e Press	ure			
							Nor	n-Exempted (		Non-Fri	iable Pi	roce	dure		
		ls L	ocation									Ab		ment	(
Location		Heed	rmally Solely	h.v.		Description	of				-	_	Тур	е	
Asbestos-Containing		19,000,000	enance	/ As		Containing N			000000	nount				Ш	_
TO BE ABA			dial Sta	ff?		mal system urfacing, VA		ition,		pecify or LF)	den	1	D	ıcar	ncl
(13)	2.50		(12)			ner miscellar				/	Remova	1	Donair	Encapsulate	Enclosure
		Yes	No	N/A							-			ate	e,
INTERI	OR					ACM PIPI	NG		20	0 LF	Х		1		
											+	-	1		
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Name of Registered Was	te Hauler		NJD	EP Waste	Cı	ubic Yards		Name of Re	eaister	red Land	Ifill				
NEWARK CARTING			Hau 045	ler ID No. 09	0.000	Waste YARDS		IESI	9						
City, State NEWARK, NJ						sposal Date 5/10/15		City, State BETHLE	НЕМ	PA					
Completed by JOSEPH PERLSTEI	N	Title OWNE	R			Signature	9	81			Date 04/30	/15			

Agencies Notified  Type Notification  Street Address 546 Barnsboro Road  Lity, State, Zip Code Sewell, NJ 08080  Emergency (including	Date of Notification (1)			Building Owne	er/Operator	(2)	Error Error	Che	ck # 20	53			
Second Content   Seco	April 30, 2015						5 (2) A	One	CK # 20				
DoP	22				ad		4	2	01/1	$D_{\frac{1}{4}}$	!		
DOH	DEP Amended	ŧ								7			
School (k-12)   School (k-12)   School (k-12)   Subchapter 8 (Other than K-12)   Subchapter 8 (Ot	Emergency (i justification)	ncluding						Tele	phone Nu	umber			
Name of Facility Where Abstement is Taking Place (3)   Shoot (R-12)   School (R-12)   Shoot (R	DCA Cancellation				ATION						12-17	-	-
Steel Address 546 Barnsboro Road    County (S)	Name of Facility Where Abatement is Taking	Place (3)	FACIL	.III INFORM	ATION	Type o	f Facility (4	+)					
Asbesios-Containing Material (ACM)    Asbesios-Containing Material (ACM)   TO BE ABATED   Other (ic.) private & commercial buildings, homes, etc.)	Enright Residence												
Square Feet   3 of Floors   3 cquare   4 cq   5 cquare   5 cquar						× o	ther (i.e. pr				dings	, home	es,
County (6) Gloucester County (7) Gloucester County (8) Gloucester Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental, Inc. Street Address G6 E. Bridge Street City, State, Zip Code Morrisville, PA 19067 Project Manage for Monitoring Firm Richard Beach City, State, Zip Code Morrisville, PA 19067 Residence City, State, Zip Code Morrisville, PA 19067 Residence City, State, Zip Code Morrisville, PA 19067 Residence City, State, Zip Code Maple Shade, NJ 08052 Replace No. Richard Beach Start Date (10) May 18, 2015 Start Date (10) May 18, 2015 Cocupancy Status During Abatement (Check Only One) Cocupancy Status During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Cinnaminson, NJ 08077  Scope of Work (Check All That Apply) Cap 3 of v 2 st 1 Stocation Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A  Basement and Wine Cellar  Name of Registered Waste Hauler Residence City, State, Zip Code Cinnaminson, NJ 08077  Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A  Pipe Insulation  Name of Registered Landfill Cumberland County Landfill Cumberland County Landfill Cumberland County Landfill Cumberland County Landfill Completed by  Title Signature Cubic Yards of Waste Cumberland County Landfill Completed by  Title Signature Completed by  Completed by  Completed by  Completed Procedure Name of Registered Landfill Cumber Residence (Prior of Variats Residence (Prior Material County Landfill) Completed by  Completed by  Completed Procedure Name of Registered Landfill Cumberland County Landfill Completed by  Date  Completed by  Completed by  Completed Prior County Landfill Completed by  Completed Prior County Landfill County Landfill County Landfill County Landfill County Landfill County Landfill County Landfill County Landfill County Landfill County Landfill County Landfill County Landfill County Landfill County Landfill County Landfill County Landfill County Landfill County Landfill C						Square	Feet	2000	Floors	1708		Age	
Size ovi.17 Residence Name of Monitoring Firm Hired by Building Owner (8)  RJB Environmental, Inc.  Street Address 56 E. Bridge Street  City, State, Zip Code Morrisville, PA 19067  Project Manager for Monitoring Firm Richard Beach  Street Address 62.3 Cutler Avenue  City, State, Zip Code Maple Shade, NJ 08052  Freight Manager for Monitoring Firm Richard Beach  Street Address 62.3 Cutler Avenue  City, State, Zip Code Maple Shade, NJ 08052  Freight Manager for Monitoring Firm Richard Beach  State Total (10) May 18, 2015  Scheduled Completion Date (11) May 18, 2015  Steet Address 20.0 Route 130 North  Steet Address 20.0 Route 130 North  City, State, Zip Code Cinnaminson, NJ 08077  Scope of Work (Check All That Apply)  State Facility Containing Material (ACM) To Be AdATED In Facility (13)  Residence  Residence  Street Address 20.0 Route 130 North  City, State, Zip Code Cinnaminson, NJ 08077  Full Containment with Negative Pressure Mini-Enclosure Glorebag Procedure Non-Exempted (*) and Non-Friable Proce			County C	ode (7)	W.			r if beir	ng demoli:	shed)	20160		
RJB Environmental, Inc.  Street Address 56 E. Bridge Street  City, State, Zip Code Morrisville, PA 19067  Project Manager for Monitoring Firm Richard Beach  Scheduled Completion Date (11) May 18, 2015  Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077  Scope of Work (Check All That Apply)  Asbestos-Containing Material (ACM) In Ba ABATED In Facility (13)  Basement and Wine Cellar  XXX  Pipe Insulation  Name of Registered Waste Hauler  Signature  City, State  Street Address 200 Route 130 North City, State  Street Address 200 Route 130 North  City, State  Street Address 200 Route 130 North  City, State  Street Address 200 Route 130 North  City, State  Street Address 200 Route 130 North  City, State  Cumberland County Landfill  Cumberland County Landfill  City, State  Street Address 200 Route 130 North  City, State  Street Addres									-50	83			
Si		Owner (8)	ASCM	No.									
City, State, Zip Code Morrisville, PA 19067  City, State, Zip Code Maple Shade, NJ 08052  Project Manager for Monitoring Firm Richard Beach  Steed (10) May 13, 2015  Cocupancy Status During Abatement (Check Only One)  Way 18, 2015  Cocupancy Status During Abatement (Check Only One)  Way 18, 2015  Cocupancy Status During Abatement (Check Only One)  Coupancy Status During Abatement (Check Only One)  Way 18, 2015  Cocupancy Status During Abatement (Check Only One)  Way 18, 2015  Cocupancy Status During Abatement (Check Only One)  Way 18, 2015  Cocupancy Status During Abatement (Check Only One)  Street Address 200 Route 130 North  City, State, Zip Code Cinnaminson, NJ 08077  Scope of Work (Check All That Apply)  Was 3 s or x3 if State Sta					01.001		-						
Project Manager for Monitoring Firm Richard Beach  267-991-9212  856-755-0099  Start Date (10) May 13, 2015  Scheduled Completion Date (11) May 13, 2015  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Scheduled Completion Date (11) May 18, 2015  Street Address 200 Route 130 North  City, State, Zip Code Cinnaminson, NJ 08077  Scope of Work (Check All That Apply)  23 sf or 23 if ≥160 sf or ≥260 if  Location of Asbestos-Containing Material (ACM) 10 BE ABATE  Name of Registered Waste Hauler Freehold Cartage  City, State  Pipe Insulation  Name of Registered Waste Hauler Freehold Cartage  Title  Telephone No. 856-755-0099  Clerk Address 200 Route 130 North  City, State, Zip Code Cinnaminson, NJ 08077  Street Address 200 Route 130 North  City, State, Zip Code City, State  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF)  Registered Landfill Cumberland County Landfill  Cumberland County Landfill  City, State Freehold, NJ  Completed by  Title	City, State, Zip Code				City, S	State, Zip	Code						
Richard Beach  267-991-9212  856-755-0099  00842  Start Date (10) May 13, 2015  Scheduled Completion Date (11) May 13, 2015  Scocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Street Address 200 Route 130 North  City, State, Zip Code Cinnaminson, NJ 08077  Scope of Work (Check All That Apply)  Saf or 33 lf Saf or 32 lf Saf o			Telenhor	ne No			STREET, STREET, ST.	8052	License	No.			
May 13, 2015  May 13, 2015  May 18, 2015  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code Cinnaminson, NJ 08077  Scope of Work (Check All That Apply)  Scope of	Richard Beach		267-99	1-9212	856-	755-00	)99		00842				
Second State   Sec				Date (11)	0.000								
Abatement Performed Outside of Normal Facility Hours			11 5		(7) (107) (3)			h					
Scope of Work (Check All That Apply)   Scope of Work (	Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of Abate nal Facility Hou	ement irs										
≥3 sf or ≥3 lf	Other – Describe:				Cinr	namins	on, NJ 0	8077					
Demolition   De	5. 8	X Panor	vation			× Full	Containme	ent with	Negative	e Pressi	ıre		
Secretarion of Asbestos-Containing Material (ACM)   Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A						Mini Glov	i-Enclosure vebag Prod	e cedure	<del>-</del>				
St. Location   Normally Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A   N/A   Pipe Insulation   St. Oction   Normally Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A   Pipe Insulation   Normally Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A   Pipe Insulation   St. Oction   Normally Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A   Pipe Insulation   N/A   Pipe Insulation   N/A   Pipe Insulation   N/A   N/A   Pipe Insulation   N/A   N/A   Pipe Insulation   N/A   N/A   N/A   Pipe Insulation   N/A		T	200		<u> </u>	Non	-Exempted	d (*) an	d Non-Fri	able Pr	LT STATE	ar management	f
Asbestos-Containing Material (ACM)   Asbestos-Containing Material (ACM)   Asbestos-Containing Material (ACM)   Asbestos Containing Material (ACM)   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Yes   No   N/A      Basement and Wine Cellar   XXX   Pipe Insulation   240 LF   X      Name of Registered Waste Hauler   Freehold Cartage   Disposal Date   City, State   Freehold, NJ   Completed by   Title   Signature   Date   Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Pipe Insulation   Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Pipe Insulation					D								
Name of Registered Waste Hauler   Signature   Date   Live (2015)   Date   Date   Live (2015)   Date   Dat		Used Sc	lely by		Containing	Material						m	-
Name of Registered Waste Hauler   Signature   Date   Completed by   Title   Signature   Capture   Captur	TO BE ABATED	20132000000					tion,			Rem	Re	тсар	nclo
Name of Registered Waste Hauler   Signature   Date   Completed by   Title   Signature   Capture   Captur		(12	2)					0,	0, 2, 7	lova	pair	sula	Sur
Name of Registered Waste Hauler Freehold Cartage    NJDEP Waste Hauler ID No. 02265   Cubic Yards of Waste 2   Cumberland County Landfill		Yes No	o N/A									te	(b
Freehold Cartage    Hauler ID No.	Basement and Wine Cellar	XX	X	F	Pipe Insul	ation		2	40 LF	X	-		
Freehold Cartage    Hauler ID No.			_										-
Freehold Cartage    Hauler ID No.						10-80-00-0						+	
Freehold Cartage 02265 2 Cumberland County Landilli  City, State Freehold, NJ Disposal Date 5/18/2015 Newburg, PA  Completed by Title Signature  Date	Name of Registered Waste Hauler						Name of	Registe	ered Land	fill			1
Freehold, NJ 5/18/2015 Newburg, PA  Completed by Title Signature Date	Freehold Cartage			2			1-2/19 /		County	Land	ill		
Completed by Title Signature Date						е			A				
	Completed by	(2.5305)	ons Mana	ager	Signatu	re	20				2015		



Date of Notification (1)	1 " 07 10				Building Owr		perator	(2)							
	ck # 2748				m Spauldi	ing			i	91 TE	111				
Agencies Notified	Type Notification		1 7	Street Ad 14-11	ldress 6th Street						** f \ \ .	4,1	: {	C	
DEP DOL	Amended Amendment				e, Zip Code n, NJ 074					į	1 24		Tag	1	
DOH DCA	justification)  Cancellation		20	Name of Bill	Contact					Tele	ephone Nun	nber			
П роч	Caricellation	il			ITY INFORM	MATIC	DN			1					
Name of Facility Where	Abatement is Takin	g Place (3)		1 AOIL	in in ord		7.1	Туре	of Facility (4	-)					
Basement area- Re	esidence							□ s	chool (K-12	2)					
Street Address 14-11 6th Street								×	Subchapter 8 Other (i.e. pr tc.)				dings,	home	s,
City (5) Fairlawn, NJ 07410	)								e Feet	# of	Floors		ldg. A 0+	ge	
County (6) BERGEN				County C	Code (7)			Currer	nt Use (Prio dence	r if bei	ng demolish	ned)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No		Name		ement Cont	tractor	(9)				
N/A	Trilled by building	OWNER (0)		ACCIVI			EA S	Service	s Corpor		(0)				
Street Address							- 27 M. T. T. T.	Addres 69th S							
City, State, Zip Code								State, Zij enberg	o Code g, NJ 070	93					
Project Manager for Mor	nitoring Firm		T	Telephor	ne No.			none No 295-1			License N 01074	0.			
Start Date (10) May 9/2015		Schedule May 11		5.5	Date (11)				A Monitor es Corpor	ation	120				
Occupancy Status Durin	ng Abatement (Che	ck Only One	e)				Street	Addres	S			-			
Facility Closed/Vac Abatement Perforn	ated During Entire	Period of A	batem	ent				e as a						-	
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility	Hours			-	City, S	State, Zi	p Code						
Scope of Work (Check A	All That Apply)						670								
≥3 sf or ≥3 if ≥160 sf or ≥260 if			enova emoliti				*	Min Glo	Containme i-Enclosure vebag Proc n-Exempted	edure				Α.	
			41					1401	1-Exempled	( ) an	a Non-i nac	T 10	0.560 8	ement	
Locatio	n of		Locati ormall			Dos	scription	of						ре	
Asbestos-Containing			d Sole		Asbestos	Conta	aining N	Material		Д	mount	1		т	
TO BE AE		572.000	odial S				system cing, VA	s insula	tion,		Specify or LF)	Ren	Re	ncal	End
(13)			(12)				niscellar			01	OI LI )	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A				20.				=		ate	re
Basemer	nt Area		X			Pipe	Insula	ation		7	0 LF	x			
Name of Davidson I W	ete Herter		1.51	IDEDIA	facts 1	0	Vanda		Nama of I	D = -1-1	1 161				
Name of Registered War Freehold Carting	iste Hauler		Н	JDEP W auler ID 5939	No.	Cubic of Was bd	Yards ste		regularity supply		ered Landfil th Landfi				
City, State Freehold, NJ			13		1		sal Date	•	City, State Morrisvi		Δ				
Completed by		Title					ignatur	Α	7/	// // // // // // // // // // // // //		ate			
Gina Salvador		Office	Mar	nager		3	ngilalul	1	Luux-		733	29/2	015		

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

NO CK

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Check # 9743

									CHECK # 31-				
Date of Notification (1)	4 471	5				7.	er / Operator (2						
	April 24, 2015			_		Muni	cipal Utilities A	Authority	15 1 AY -4 AM	t			
Agencies Notified	Type Notification	on		Street /	Address				. 7 F.[]	4	3		
□EPA □DEP				1551 H	ighway 8	88 Wes	t	4.3		1257			
⊠DOL	Initial			City, St	ate & Zip	Code			A training		60		
⊠DOL	Amend Amend	ded dment #_	1	Brick,	NJ 0872	4-2399							
DCA	Cance			Name	of Contac	t			Tele	phon	e Nui	nber	
				Matt G	lowacki -	– Quad	l Construction	Company	lenn	700			
				FAC	CILITY	INFO	RMATION						
Name of Facility When Vanada Woods Pum		Taking F	Place (3)				Type of Facility School (F						
Street Address							Subchap	ter 8 (Other than	K-12)				
506 Riverside Drive	South						Other (i.	e., private & co	ommercial buildings	, hom	ne, e	ic.)	
							Square Feet	# of Flo	ors Bldg	. Age			
City (5) Brick							Current Lise (F	Prior if being den	nolished)	60	yea	rs	
Brick							Pump Station		iolistica)				
County (6) Ocean			ounty Code										
Name of Monitoring F	irm Hired by Bu				ASCM	No.		ement Contracto	or (9)				
N/A Street Address		-					Synatech, Inc Street Address						_
							829 Radio Ro	ad					
City, State & Zip Code	9						City, State & Z	Zip Code rbor, NJ 08087					
Project Manager for M	Ionitoring Firm		Те	lephone N	lumber		Telephone Nu 609-296-6916	mber	License Numb	er 0081	7		
Scheduled Start Date		Scheduled	d Completi				Name of OSH	A Monitor					
May 5, 20° Occupancy Status Du		(Check o		14, 2015			Synatech, Inc Street Address						-
Facility Close	ed/Vacated Duri	ng Entire	Period of		nt		829 Radio Ro	*****					
Abatement P Other – Desc	erformed Outsi	de of Nor	mal Hours	5			City, State & Z	. I					
	pied During Aba	atement					Little Egg Ha	rbor, NJ 08087					
Scope of Work (Chec		atomont											_
ocope of work (office	K all that apply)							Full Containmen	nt with Negative Pressu	ITE			
≥3 sf or ≥ 50 lf			$\boxtimes$	Renovation	on			Mini-Enclosure	it with regulate 1 1000t	1.0			
≥160 sf or ≥260	O If			Demolitio	n			Glovebag Proce	dure				
								Non-Exempted	(*) and Non-Friable Pro	cedu	re		
	ation of	01.1		on Norma			Description		Americal (Conneils)	Ab	atem	ent T	уре
Asbestos-Contai	ining iviaterial (A E ABATED	(CIVI)		y Mainten dial Staff			Asbestos-Co Material (A		Amount (Specify SF or LF)				
	Facility						(i.e., thermal	systems				Ш	
8	(13)					1	insulation, surfa or other misce			Re	<sub>Z</sub>	Encapsulate	Enclosure
							or other misse	marroodo)		Removal	Repair	psu	losi
			Yes	No	N/A					'al	=	late	ıre
Pump Station			+		Х		Pipe Insu	lation	8 LF	Х		Н	$\vdash$
r unip otation	-		-				1 ipo maa	idion	0.27	^			
Name of Registered V	Waste Hauler		NJDEP Hauler II		Cubic \	Yards o	of Waste	Name of Regis	tered Landfill				
Synatech, Inc.	The state of the s	429	< 1			Grows Landfil	I						
City, State	·				Dispos	al Date		City, State					
Little Egg Harbor, N	J 08087				May 15	5, 2015		Morrisville, PA	4				
Completed By		Title			Signatu	ure			Date				
Diane Aloia		Executi	ve Assista	int	1	lan	e alora	_	April 29, 2015 April 24, 2015				

Check # 9744

Date of Notification (1)	April 29, 201	5		Name of Building Owner / Operator (2)												
1	April 24, 2015			Brick T	ownship	p Munic	cipal Utilities A	Authority #	HELLY I							
Agencies Notified	Type Notificati	on		Street /	Address				TIS LIAY - ATT	1 : 2	)					
ЕРА				1551 H	ighway 8	88 Wes	t	<i>f</i> .	P							
DEP	☐ Initial			City, St	ate & Zip	Code		100	W. C.II.		P					
DOL	Amend	ied iment#	1		NJ 0872											
DOH	Cance			Name o	of Contac	ct			Te	Telephone Number						
LIDCA				Matt G	lowacki	– Quad	Construction	Company	1							
				FAC	CILITY	INFO	RMATION									
Name of Facility Wher	e Abatement is	Taking P	lace (3)				Type of Facilit									
Eastern Lane Pump S	Station						School (F	K-12)								
Street Address								ter 8 (Other tha								
739 Eastern Lane								e., private & d.	commercial building							
City (5)							Square Feet 300	# of FI	oors Bid	g. Age 60	) yea	ırs				
Brick							Current Use (Prior if being demolished) Pump Station									
County (6) Ocean			unty Code													
Name of Monitoring Fi	rm Hired by Bu	7.177.17			ASCM	No.	Name of Abate	ement Contract	tor (9)							
N/A Street Address							Synatech, Inc	-			11.25					
Street Address							Street Address 829 Radio Ro									
City, State & Zip Code		85					City, State & Z		7							
Project Manager for M	onitoring Firm		Те	lephone N	lumber		Telephone Nu 609-296-6916	mber	License Num	ber 0081	7					
Scheduled Start Date	(10)	cheduled	Completi	on Date (1	1)	-	Name of OSH			0001						
May 5, 201		/Charles		14, 2015			Synatech, Inc									
Occupancy Status Dui Facility Close	ring Abatement d/Vacated Duri	ng Entire	nly one) Period of	Abatemen	t		Street Address 829 Radio Ro	74								
	erformed Outsid	de of Norn	nal Hours				City, State & Z	Zip Code	S							
Other – Desc	ribe: pied During Aba	ntement					Little Egg Ha	rbor, NJ 08087	7							
Scope of Work (Check													_			
N								ent with Negative Press	Negative Pressure							
≥3 sf or ≥ 50 lf				Renovatio			-	Mini-Enclosure								
≥160 sf or ≥260	) IT			Demolition	n			Glovebag Proc		*****************************						
100	ation of	_	la Lagati	on Norma	llu I land		Description		d(*) and Non-Friable Pr	_		4 7	F			
Asbestos-Contain		CM)		on Norma y Mainten			Asbestos-Co		Amount (Specify	Ab	atem	ent i	ype			
TO BE	ABATED			dial Staff?			Material (A	ACM)	SF or LF)							
	Facility 13)						(i.e., thermal insulation, surfa					Е				
,	13)					'	or other misce			Removal	Z,	nca	Enclosure			
										l wo	Repair	psu	los			
			Yes	No	N/A					l a	=	Encapsulate	лге			
Pump Station					Х		Pipe Insui	lation	8 LF	X		Н	$\vdash$			
													1 1			
Name of Registered Waste Hauler NJDEP W Hauler ID					Cubic \	ards of	f Waste	Name of Regi	stered Landfill							
Synatech, Inc. 274					<1			Grows Landf	iII							
City, State					Dispos	al Date		City, State								
Little Egg Harbor, NJ 08087					May 15	, 2015		Morrisville, P	A							
Completed By Title					Signatu		Date									
Diane Aloia		Executiv	cutive Assistant A Mene				ellor.		April 29, 2015 April 24, 2015							

Check # 9745 Date of Notification (1) April 29, 2015 Name of Building Owner / Operator (2) April 24, 2015 Brick Township Municipal Utilities Authority 18181.AY-4 AH 1:29 Agencies Notified Type Notification Street Address TEPA 1551 Highway 88 West DEP Initial City, State & Zip Code ⊠DOL. Amended Brick, NJ 08724-2399 Amendment # 1 XIDOH. Cancellation Name of Contact Telephone Number DCA Matt Glowacki - Quad Construction Company **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Breton Road Pump Station Street Address Subchapter 8 (Other than K-12) 38 Breton Road Other (i.e., private & commercial buildings, home, etc.) # of Floors Bldg. Age Square Feet City (5) 300 60 years Brick Current Use (Prior if being demolished) Pump Station County (6) County Code (7) Ocean USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Synatech, Inc. Street Address Street Address 829 Radio Road City, State & Zip Code City, State & Zip Code Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 609-296-6916 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor May 5, 2015 May 14, 2015 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure >3 sf or > 50 lf Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted(\*) and Non-Friable Procedure Location of Is Location Normally Used Description of Abatement Type Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify TO BE ABATED Custodial Staff? (12) Material (ACM) SF or LF) IN Facility (i.e., thermal systems Encapsulate insulation, surfacing, VAT (13)Enclosure Removal Repair or other miscellaneous) Yes No N/A Pump Station 8 LF X Pipe Insulation X Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards of Waste Hauler ID No. Synatech, Inc. 27429 < 1 Grows Landfill City, State Disposal Date City, State Little Egg Harbor, NJ 08087 May 15, 2015 Morrisville, PA Completed By Title Signature Date April 29, 2015

and

April 24, 2015

**Executive Assistant** 

Diane Aloia

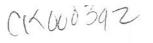
45) New CK# 2638

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

\* Do not use this form for asbestos licensure exempted activities.

Date of Notification (1) 4/26/15		Name of Building Owner/Operator (2)  Jade Hackettstown Associates, LLC  Street Address 1200 Sunnyview Oval															
Agencies Notified Type Notifica	ation .	700	reet Add	dress unnyviev	v Oval		40				44						
	ment #			y, NJ 08				e 1.77	FW.	HAG	91			3			
□ DOH			ame of G	Contact					Tele	ephone Nu	mber						
			FACIL	ITY INFOR	RMATIO							77					
Name of Facility Where Abatement is Former Bergan Machine and the Street Address	Taking Place (3) ool Company						Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)								3		
91 Main Street	ĮĒ	Other (i.e. private & commercial buildings, homes, etc.)															
City (5) Hackettstown	1 2	Square ( 10,000		# of 2	Floors	1000	3ldg I OC	i. Ag )+	e								
County (6) Warren			ounty C	ode (7) SE ONLY)				Use (Prio		ng demolis	hed)						
Name of Monitoring Firm Hired by But	ilding Owner (8)		ASCM	No.		Name o	f Abater	nent Cont	tractor	(9)							
						Ace Ir		on Co.,	Inc.								
Street Address								Road									
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722															
Project Manager for Monitoring Firm	T	Telephone No. Telephone No. 732-					57		License I	No.							
Start Date (10) 3/23/15	Com	pletion D	ate (11)		Name o Mark	f OSHA Jovic	Monitor					(		n ]			
Occupancy Status During Abatement	)				Street A	Address ain Str											
Facility Closed/Vacated During B Abatement Performed Outside of Other – Describe: 7am-7pm	ateme lours	ours City,					Code	loros	07025								
Scope of Work (Check All That Apply	\					Linco	in Pan	C, New C	Jerse	y 07035	_						
≥3 sf or ≥3 lf  × ≥160 sf or ≥260 lf	Re	novati molitic			×	Full Containment with Negative Pressure  Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
	le l	ocatio					11011		1/-				bate	ment	8		
Location of Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility (13)	CM) Used Mair Custo	Solely tenandial S (12)	y y by ice/		os Conta thermal s surfaci	systems insulation,			(	Amount (Specify SF or LF)			Ty	e Encapsulate	Enclosure		
boiler room	Tes	140	X		CF	ement				400sf	×	$^{+}$	-				
boiler room			X			insulat				25lf	×	+	-				
Bollot Tooliti		_										T					
												1					
Name of Registered Waste Hauler	8777	JDEP Wauler ID	200400 700	Cubic \ of Was				Regist	ered Land	fill							
Ace Insulation Co., Inc.	1 1 2 2 2 2	2086	-0.0000 	3			Chrins										
City, State Colts Neck, New Jersey	7 200 20	Disposal Da 5/8/15				ate City, State Easton,, PA											
Completed by Bree McGuire	tary	Signato				Date 4/26/1				15							



			(17)	irsuant t	D NJAC 6.	DIIB VO.	12.120	2)			File .					
Date of Notification (1) 04-27-15					Building O e Huillet		perator	(2)		2011		4	1	Ď		
Agencies Notified	Type Notification		- 1	Street Ad 255 Ga	idress ateway R	ld.				de e	MAY-4	A.H	7.	,		
DEP DOL	Amended Amendment		_ [		te, Zip Cod vood NJ					2015 HAY -4 AH 1:44						
DOH DCA	Emergency ( justification) Cancellation	including	1 1	Name of Philipp	Contact e Huillet			Telephone Number 1902								
				FACIL	ITY INFO	RMATIC	N									
Name of Facility Where A Private Residence	batement is Taking	g Place (3	)					Ту	School (K-12	2)	45 12 4	0.				
Street Address 255 Gateway Rd.						6			ther than K-12) e & commercial buildings, homes,							
City (5) Ridgewood NJ 0745	50							Sq	uare Feet	# of	Floors	В	ldg. A	ge		
County (6) Bergen				County C	Code (7) ISE ONLY)		_	Cu	rrent Use (Pric	or if bei	ng demolis	hed)				
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCM	l No.				batement Con ontracting L		(9)					
Street Address					Street 522											
City, State, Zip Code						City, State, Zip Code Union City NJ 07087										
Project Manager for Mon	Т	Telephor	ne No.	-	Telepi	- 32-2-2	,		License I	No.						
		157					5-9603		01206							
Start Date (10) 04-29-15	ed Cor 15	mpletion (	Date (11)				SHA Monitor ontracting L	LC	4.114	t a						
Occupancy Status During	Abatement (Chec	k Only Or	ne)			e [	Street 522					142 100				
Facility Closed/Vaca Abatement Perform Other – Describe: 7	Abaten Hour	nent s			City, S	State	, Zip Code City NJ 0708	7								
Scope of Work (Check A							Offic	)   (	71ty 145 0700	-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Contraction of the last of the	Renova Demoli					-	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				·e		
		Is	Locat	tion									Abat	emen	t	
Location Asbestos-Containing TO BE AB	Material (ACM) ATED	Use Ma	Norma ed Sole intena todial	ely by		os Cont thermal	system	Material (ACM) as insulation,			Amount Specify F or LF)	Rer	Γ	e Encapsulate	Enc	
In Facil (13)			(12)			other n	cing, V niscella			3	r oi Lr)	Remova	Repair	osula	Enclosure	
		Yes	No	N/A										te		
Basem	ent		х			pipe	insula	atio	n		60 LF	X				
		-		+												
				+								+				
Name of Registered Was	ste Hauler		- 1	NJDEP W		127/2010/05/05/15	Yards		Name of	Regist	ered Landf	ill			1	
Delfa Contracting LI	_C		1886	Hauler ID No. of Waste 2							esource F	Recov	ery F	acili	ty	
City, State Union City NJ						05-07	sal Date '-15	е	City, Stat		A					
Completed by Jaime Delgado		Title Proj.	Man	ager.		S	Signature Date 04-27-1					²-15				

			N		Stat CATION ( ursuant to		STOS	ABATE		т	9 p	M.	,,,,	*					
Date of Notification (1) 04-29-15					Name of	Building C e Huille		perator	(2)			2015 MAY -4 AM 1:45							
Agencies Notified	Type	Notification		$\dashv$	Street Ad			-			100	45							
□ EPA	-	nitial			255 Gateway Rd.							& 1 m (1 m)							
DEP	0 /	Amended	1		City, Stat	• 1000000000000000000000000000000000000			THE BOOK OF										
DOL		Amendment Emergency		— <u> </u>		vood NJ	0/45	0			Tolophone Number								
DOH DCA	_ ;	ustification) Cancellation	2 3		Name of Philipp	Contact e Huille	ŧ				Telephone Number								
DCA		Jancenation	<u> </u>			ITY INFO	151 Lancas	ON	_		-								
Name of Facility Where	Abatem	ent is Takin	g Place (3	)					Тур	e of Facility (4	1)								
Private Residence										School (K-12									
Street Address										Subchapter Other (i.e. p	8 (Othe rivate 8	er than K- & commer	12) cial b	uild	inas.	home	s.		
	255 Gateway Rd. etc.)											Floors			875-1171.				
City (5) Ridgewood NJ 074	Square Feet										# 01	Floors		BI	dg. A	ge			
County (6)											r if bei	na demoli	shed	)			-		
Bergen					(STATE U							3		ć					
Name of Monitoring Firm	n Hired	by Building	Owner (8)		ASCM	No.		Name	of A	batement Con	tractor	(9)							
N/A Delfa Contracting LL										.LC									
Street Address - Street Address																			
522 7th Street																			
City, State, Zip Code  City, State, Zip Code  Union City NJ 0708										37									
Project Manager for Mor	Telephor	ne No.		Telep 201		No. 3-9603		License 01206											
Start Date (10)			Scheduled Completion Date (11)  Name of OSHA Monitor																
04-30-15 Delfa Contracting LLC  Occupancy Status During Abatement (Check Only One)  Street Address																			
Occupancy Status Durin	ne)						Street												
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: 7:00 am - 5:00 pm								City, S	State	, Zip Code City NJ 0708	27				10				
Scope of Work (Check A								Utili	OIT	only IND Groc	) (	-		_			_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All Trial	<i>А</i> рруу	Province	Renova Demoli					0	Mini-Enclosure Glovebag Prod									
				Loca	tion						7	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	T	Abatement					
Locatio	n of		1	Vorma	ally		De	escription	n of				-		Ту	pe			
Asbestos-Containing	g Mater	ial (ACM)		ed Sole iintena	ely by ance/			ntaining l		rial (ACM)		mount Specify		ת		En	Ш		
TO BE AB			Cus	todial (12)	Staff?	(i.e.	surfa	acing, V	AT, o	r		or LF)		Remova	Repair	Encapsulate	Enclosure		
(13)	)			(12)			other	miscella	neou	is)				val	air	ulat	sure		
			Yes	No	N/A											· O			
Basem	ent			X			pipe	Insula	ation	i.	е	0 LF	2	ĸ					
Name of Registered Wa	aste Ha	uler			NJDEP W			c Yards		Name of	Regist	ered Land	fill	100					
Delfa Contracting L	LC		-	11.5	Hauler ID 35240	No.	of Wa					esource	Re	cov	ery I	acil	ity		
City, State Union City NJ 0708	37		14.				1 32	osal Date 07-15	е	City, Stat									
Completed by	250		Title				T	Signatur	re	6		T	Date						
Jaime Delgado			Proj	nager			~	$\leq 1$ ).	04-29-15										

#### State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-15 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ April 27, 2015 Notification Type Street Address Agencies Notified ENVIRONMENTAL HEALTH & SAFETY DEPT. **X**EPA ☑ Initial Notification **X**DCA □ Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL City, State, Zip Code ■ Emergency (including ■ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 justification) I Telephone Number X DOH Name of Contact □ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ☐ School (K-12) WOODBURY HALL, BLDG# 8329 Subchapter 8 (other than K-12) - Unoccupied Street Address Other (i.e. private & commercial buildings, homes, etc.) DOUGLASS CAMPUS # of Floors: 3 Bldg. Age: 60+ years Sq. Feet: N/A County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC DORMITORY (State Use Only) **NEW BRUNSWICK** MIDDLESEX Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. 0098 Cardno ATC GREENWOOD ABATEMENT CONSULTANTS Street Address Street Address 3 TERRI LANE 268 MAIN STREET City State, ZipCode City, State, Zip Code Part . **BURLINGTON, NJ 08016** BUTLER, NJ 07405 Telephone Number Project Manager for Monitoring Firm Telephone Number License Number **BRIAN KEARNY** 609-386-8800 00840 973-492-0477 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ENVIROVISION, INC. 05/15/15 Street Address Occupancy Status During Abatement (Check only one) 3 ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ■ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe SOther - Describe: Shift Hours: 8:00 AM - 8:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure □ Renovation Mini-Enclosure 0 ■ Demolition Glovebag Procedure ≥ 160 sf or ≥ 260 lf ■ Non-Exempted (\*) and Non-Friable Procedure Description of Asbestos Containing Material Amount Location of Asbestos-Containing Is Location Normally Used Abatement Type (Specify SF Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Remove Repair Encap Enclose or LF) Staff? (12) VAT, or other miscell.) NO 400SF Room 149 Lobby CEILING SURFACE PLASTER X X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 30 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 28969 05/26/15 Rd. Morrisville, Pa Hauler #2) STG - 58 Pyles Lane, New Castle, De 19720 19067 NJ DEP # 20990 215-736-1700 Date Completed by (Print or Type) SENIOR PROJECT April 27, 2015 RAYMOND C. PEDALINO Raymand C. Pedalino MANAGER

04/28/2815 15:02 2013297448 BEST PAGE 84/84 Emergency Request for warines of 10 day Notice 4-28-2015 COL-10 DAY 8 ROSEMONT TERRHORER APPROVED 0 00A 0 000 0 000 WEST ORANGE GERSHON PACILITY EFORMATION A. SIEGEL Top of Falls (6) ROSEMONI TERRACE WEST ORANGE Code (7) (STATE USE RESIDENCE Best Renoval Inc 450 South River St (a) (a) (a) (a) (a) Hackensack, N.J. 07601 201-329-7444 00388 an of Carlot Hands Omega Environmental 280 Ruyler St SAM SPM S. Hackensack , N.J. 07606 O Maria Caranta de Caranta Provincia O Maria Caranta O Maria De Parincia O Maria Caranta (Parincia) 023 de 152 01 10 de 120 d -E Autowa MZ Yes No ASA BASEMENT VAT 750 and of Residence Village Plants Nurse of Registered Lands Best Removal Inc Minerva Enterprises LLC 17109 2 405 Eackensack , N.J. 07601 Waynesburg, Oh. 44688 4-28-15 .Betimator 'De not use the term for entre

CK# 24789

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

					86 (300)		2 (25)(1)		2815 M	: 4 _ /_	1 to 1.	0.3					
Date of Notification (1)  4/	28/15				Name	of Building	g Ow	ner/Operator	(2) Ziemba		tara ge	₹. ⊖					
Agencies Notified	Type Notific	ation			Street	Address				11.00		1/1					
EPA DEP	Initial Amended	4						5	81 Jacques S	treet	18 18 19 E				_		
<b>⊠</b> DOL	Amendm Emerger	ent #	luding	-	City, S	state, Zip C	ode	Pertl	n Amboy, N.	J 08861					_		
<b>⊠</b> DOH	justificat	ion)	_		Name	of Contac	S 800	950 5		Teleph	one Numb						
□ DCA	M	arth	a Ziemba				и.										
					FAC	ORN	IATION										
Name of Facility Where				Type of Facility	/ (4)												
		Reside	entia	al					School (K-1								
Street Address	581	Jacqu	ies S	Stree	t				Subchapter Other (i.e., p	orivate & c			lings				
City (5) P Square Feet # of Floors Bldg. Age																	
	· Perth A	mboy	y, N	J 088					2200	_	2	_	85	+/-	_ ]		
County (6)	ddlesex					nty Code (7 ONLY)	7) (S	TATE	Current Use (P	rior if bein	g demolis	hed)					
Name of Monitoring Firm	n Hired by Buil	ding Ov	vner	T	ASCM	No.	Na	me of Abatem	ent Contractor (9	9)					_		
(8) DB E	nvironmen	tal		_				Stev	ens Environ	mental	Service	s, In	c.				
Street Address		204780					Str	eet Address									
	4 Berkely	/ Plac	e						PO I	30x 322	2						
City, State, Zip Code								, State, Zip C		NIT O	0.501						
Freehold, NJ 07728								Allentown, NJ 08501 Telephone No. License No.									
Project Manager for Monitoring Firm Telephone No.  Dave Bonocore (732) 740-8408									0 0600	Licen		0493	2				
								(609) 25 me of OSHA N			.01	0493	)				
Start Date (10)		THE OF USTIA I		ironme	ntal												
4/29/15 4/30/15 DB Environmental  Occupancy Status During Abatement (Check only one) Street Address											_						
☐ Facility Closed/Vaca	어른 사람이 옷으림을 모르면 먹었다면				ment	91	0.,	00171001000	4 Berk	cely Pla	ce						
Abatement Performe						1	City	, State, Zip C							_		
Other - Describe:	8am to 4pm	m							Freehold	1, NJ 07	7728				_		
Scope of Work (Check	all that apply)		VO. 000						4-1 4 14b- NI-						_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Re De	enovati emolitic	ion n		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☑ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure										
			ls l	ocatio	on								bater	nent			
Location	-6	1		omnally I Solel			20	Description of					Тур	е			
Asbestos-Containing	A THE CONTRACTOR OF THE PARTY O		Mair	ntenan	ce/		tos C	ontaining Mat	erial (ACM)	Amo	100000			m			
TO BE ABA IN Facilit				ustodia Staff?	il	(i.e.,	ther	mal systems in rfacing, VAT,	nsulation,	(Spe SF or		Rer	Z.	nca	Enc		
(13)	у			(12)				er miscellaned		01 01	ш /	Remova	Repair	Encapsulate	Enclosure		
98 92			Yes	No	N/A				92.			a		late	Ire		
Basem	ent			×		Th	erm	al Pipe Ins	sulation	30	lf	X					
Name of Registered Wa	ste Hauler				JDEP \ lauler ID		1.00	oic Yards Naste	Name of Reg	istered La	ındfill						
Stevens Environ	mental Ser	vices,	, Inc	<u>.                                     </u>	182	292	-	1 CU		GROV	VS Lan	dfill					
City, State	Allentov	vn, N.	J					posal Date 4/30/15	City, State	Morr	isville,	PA					
Completed By		Title				-		Signature	1//		Date		C DATE TO THE		_		
Mahlon E. Sto	evens		Pr	ojec	t Mar	nager		///				4/28	/15		_		

ASB-41 MAR 00 \* Do not use this form for asbestos licensure exempted activities.

#### State of New Jersey Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) EM	ERGENCY	NOTIFICATI	ON		Name of Building Owner/Operator (2) Middlesex Board of Education									
Agencies Notified		Notification	Type		Street Address									
Agendies Houned		110111101111			300 John F. Kennedy Drive,									
⊠ EPA		☑ Initial No			City, State, Zip Code									
□ DCA		□ Amended		ation (including	Middlesex, NJ 08846 Name of Contact		Tolopho	ne Number						
☑ DOL ☑ DEP		justification)		ation (including	Ray Mulvey Director of facil	lities	Telepho	,	2 / 8 5					
⊠DOH		☐ Cancelle			Ray Mulvey Director or lacin			,00						
EDON														
				FACILITY INF										
Name of Facility Where Aba		aking Place	(3)		Type of Facility (4)									
Parker Elementary Schoo	ol				⊠ School (K-12)     ☐ Subchapter 8 (other than)	K-12)								
Street Address					Other (i.e. private & commerce	cial buildin	gs., hom	es, etc.)						
150 SOUTH LINCOLN AVI	ENUE				Sq. Feet: NA # of Floor		ldg. Age							
- I - I - I - I - I - I - I - I - I - I	County (6)			/ Code (7)	Current Use (prior if being de	molished):								
Middlesex	Middl	esex	(State	Use Only)										
			10011	A1-	Name of Contractor (9)									
Name of Monitoring Firm H	ired by Bldg	. Owner (8)	ASCM	INO.	Name of Contractor (9)									
n/a					Panoramic Window & Door	Systems	Inc.							
Street Address					Street Address									
Otrock Address														
					714 Sergeantsville Road									
City, State, Zip Code					City State, ZipCode									
					Stockton, NJ 08559									
D : 111	sina Firm	Telephone	Number		Telephone Number		License	Number						
Project Manager for Monito	oring Firm	relephone	Nullibel		732-926-0900									
							01237							
Scheduled Start Date (10)		Scheduled	Complet	ion Date (11)	Name of OSHA Monitor									
					IAQGURU LLC									
04/04/15			04/09	/15	Chroat Address									
Occupancy Status During	Abatement (	Check only of	<u>ne)</u>	nt	Street Address 87 Main Street									
	During Enu Jutside of No	rmal Facility	Hours -	ii.	or main on our									
Describe	Juliside of 140	illiai i aomity	riouro		City, State, Zip Code									
	5:00pm-22:	00pm												
□Other - Describe:					Lincoln Park, NJ 07035									
Source of Work (Check all	that apply)													
				5225 Spp. 55										
≥ 3 sf or ≥ 3				x Renovation  Demolition										
X ≥ 160 sf or ≥	260 IT			L Demolition				(window caulk	ing)					
				T =				Abatement Typ						
Location of Asbestos-		ocation Norm	ally		sbestos Containing Material mal systems insulation,	Amour (Specif		Abatement Typ	<u>e</u>					
Containing Material (ACM)	in Use	d Solely by nt./Custodial	Staff?	surfacing, VAT,		or LF)	.y o.	Remove Repair Er	ncap Enclose					
Facility (13)	(12)		Otan:	Surrading, vviv,	or sailer times.)									
	YES	s NO	NA											
Exterior Windows			母	Perimeter Caul	k	540 LF		$\boxtimes$						
								75						
Name of Reg. Waste Haul		NJDEP Wa	aste Hau	ler ID#	Cubic Yards of Waste		Name of Chrin L	of Registered L	anatiii					
Panoramic Window & Doo	or Systems	0036057			5		CIIIII L	anuliii						
Inc.														
635 INDUSTRIAL DR, EA	STON PA	18042			D	isposal Da	ate	City, Sta						
000 INDOOTTINE DIG EN	0.0.0,174							Easton,	PA					
Completed by (Brief or Tur	ne)	Title			Signature / // //		Date							
Completed by (Print or Ty) MARK Jovic	001	Consultar	nt				04/30/1	15						
				-	10-1									